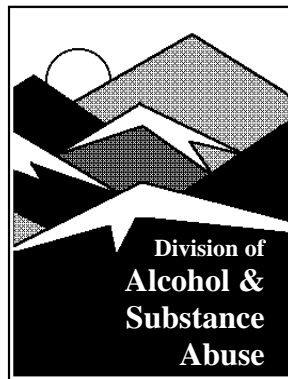


**DEPARTMENT OF SOCIAL AND HEALTH SERVICES**



**DSHS Administrative Policy 7.01**  
**Statewide and Regional Action Plans**  
**For**  
**Services to American Indian Tribes and Communities**

**Douglas E. Allen, Acting Director**  
**Division of Alcohol and Substance Abuse**  
**April 2006**

Also available at: <http://www1.dshs.wa.gov/dasa/dasanew.shtml>

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)  
DIVISION OF ALCOHOL AND SUBSTANCE ABUSE (DASA)**

**Statewide and Regional  
EVEN YEAR REPORT AND ACTION PLANS  
For  
Services to American Indian Tribes and Communities**

**April 2006**

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**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
DIVISION OF ALCOHOL AND SUBSTANCE ABUSE**

**Statewide and Regional Action Plans  
For  
Services to American Indian Tribes and Communities**

**April 2006**

**EXECUTIVE SUMMARY**

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As directed by the Department of Social and Health Services (DSHS) Administrative Policy 7.01, the Division of Alcohol and Substance Abuse (DASA) submits its Statewide and Regional Action Plans for 2006. This report reflects accomplishments toward the goals stated in the 2005 Odd Year Report, as well as revised goals and action plans for the new biennium. DASA Regional Administrators have met with Tribes and Urban Indian programs in their regions to establish regional goals and measures based on the individual needs of their respective communities. In addition to the regional reports, DASA has developed a statewide plan to address issues that are common among the tribes and Urban Indian programs as discussed during regional planning meetings and at the statewide Tribal Gathering.

**TRIBAL GATHERING**

In October 2005, the Division of Alcohol and Substance Abuse and the Quinault Tribe hosted the fourth annual Tribal Gathering of tribal chairs and representatives from tribal and Urban Indian alcohol and substance abuse treatment and prevention programs. There were over 200 participants in the two-day gathering at the Quinault Beach Casino and Lodge. Each Gathering provides an opportunity for DASA staff members to hear about tribal and Urban Indian needs and concerns regarding alcohol, tobacco, and other drugs; to present culturally specific training; and, to provide technical assistance to better serve their clients. It is also an opportunity for Tribal Leaders and DASA Management to meet and strategize on how to move forward on policy issues that affect the native communities.

In keeping with this year's theme "Moving Forward to Heal Communities," the keynote speaker shared a story about her addiction to chemicals; particularly methamphetamines, and the effects it had on the family. It was a very moving story. After the plenary session, the conversation around methamphetamines continued in the several small workshops that demonstrated how to build community coalitions, wellness courts, and successful law enforcement strategies and partnerships. Two sessions were held to allow tribal programs to share their experiences with prevention programs and discussed barriers they may be facing with both federal and state requirements. The Quinault Drummers shared their canoe culture through drumming. It was

truly an honor to hear their stories through music. Many were touched by Connie McCloud, Puyallup Tribe, when she presented on Cultural Grief and Loss. There was also an informative panel that had an interactive conversation with the audience on the issues of Problem Gambling. For the first time, a Cyber Café was available for one-on-one, hands-on tutorials of the DASA information systems like TARGET, Prevention-Based Performance System, and the DASA-TA.

The Gathering provides an opportunity for all Washington tribes to caucus among themselves on ways to help strengthen communication between tribes and DSHS and then bring the concerns forward to DSHS' Assistant Secretary. Most of the concerns presented at this Gathering were in regards to the Mercer Report. The Assistant Secretary assured tribes that the reorganization within the department will be seamless and only improve the relationships between tribes and DSHS.

### FUNDING

In 1997, DASA initiated Government-to-Government contracts with all Federally-Recognized Indian tribes. The amount of the contract was \$25,000 for the biennium for each tribe. The tribe, in consultation with their DASA Regional Administrator, determined if the funds were to be spent for substance abuse prevention services or treatment services, or in some cases, both services.

At the beginning of the 1999-2001 Biennium, DASA increased this amount to \$50,000 per tribe. During that biennium, tribes also received a vendor rate increase that raised their maximum consideration to \$51,477.

During this time, a few of the larger tribes told DASA that they believed it was unfair that tribes with several thousand enrolled members should receive the same dollar amount as smaller tribes with just a few hundred members. The larger tribes asked DASA to consider per capita funding for Government-to-Government contracts. DASA agreed that \$51,637 would be seen as a baseline and any future increases would be distributed on a per capita basis.

DASA made a commitment to tribes that should there ever be additional funding made available through the legislative budget, DASA would ensure that tribes would receive more resources to expand their service capacity. Fortunately, the 2005 Legislative Budget provided one-time funds of \$1.4 million. Through a consultation effort, led by the DSHS Secretary, the tribes determined they would like the funds to be distributed using a 30/70 formula. This meant that 30 percent of the additional dollars were split evenly amongst all tribes and 70 percent distributed on a per capita basis determined by the 2004 Indian Health Service's service area population figures for each individual tribe.

Each tribe was given the option of fund sources; federal versus state dollars. All tribes chose to use federal block grant funds because it allowed them more flexibility in service options and client eligibility.

### CHILDREN'S ADMINISTRATION

The 2005 legislative budget provided an opportunity for the Children's Administration to fund 14 Chemical Dependency Professionals (CDP) to provide engagement or case management services to individuals who are at risk of losing their children in order to facilitate their access to treatment services. This project is administered through existing DASA contracts. At this time, one tribe is participating in this project. The tribe will provide a CDP who will be located at the Children and Family Service Office.

### PROBLEM GAMBLING

DASA is working with all tribes and especially those who contributed funds to the Problem Gambling Prevention and Addiction Treatment program to clearly identify the ways the tribal donation may be utilized. Tribes have requested that funds be used for the following purposes:

- Prevention and awareness.
- Training for qualified treatment providers.
- Acquisition and distribution of treatment materials.
- Acquisition and distribution of patient materials.
- Professional clinical supervision for treatment providers.
- Client outreach.
- Treatment, through assessment, group, and individual treatment services.
- Family intervention.
- Referral services.
- Follow-up assessment.

This comprehensive list of the services provided by the Problem Gambling Prevention and Addiction Treatment program gives DASA guidance on what areas to spend these funds.

### ACTION PLANS

Regional Teams made up of a Regional Administrator, a Regional Prevention Manager, and a Regional Treatment Manager, and an assigned Certification Specialist were created to actively promote and better support a full continuum of services ranging through Prevention – Intervention –Treatment (residential and outpatient) – Aftercare. The goal of a Regional Team is to enhance communication and increase responsiveness at the regional level with tribes, counties, providers, and consumers. Regional Teams and the DASA Management Team are working with the tribes and Urban Indian organizations to address their concerns. The regional action plans contained in this document respond to the needs articulated by the tribes and Urban Indian organizations during the 7.01 planning process. Through the 7.01 process, each Regional Team developed not only action plans, but relationships with the tribes and Urban Indian organizations. These relationships have been crucial to the accomplishments of the past year.

The Regional Teams met with their respective tribes and urban organizations to develop action plans. Some the concerns from those meetings include:

- The shortage of chemical dependency counselors to provide culturally sensitive treatment and prevention services within tribal and Urban Indian programs.
- The need for transportation services, particularly in rural areas.
- The need for technical assistance and training regarding culturally-appropriate best practices for prevention and treatment.
- The need to establish transitional housing for newly sober individuals.

Intergovernmental relations and tribal consultation continue to rank among the most important issues raised by tribal leaders. Tribal leaders pointed out the need for continued dialogue and a strengthened consultation process. DASA has refined their consultation plans and is beginning to build on the recommendations by tribal leaders. We will continue to consult with tribes and urban programs on DASA budgets, policy, and WAC changes.

The Division of Alcohol and Substance Abuse has reaffirmed a commitment to offer extensive technical assistance to ensure tribal treatment programs achieve state certification. In addition, the division pays for the appropriate manuals necessary for certification and waives all certification fees.

DASA is aware that more research and evaluation needs to be completed to assist tribes and Urban Indian organizations to develop culturally appropriate, research-based treatment and prevention programs. Currently, the tribes report on multiple management information systems such as the federal government, counties, the Governor's Office on Indian Affairs, and DASA. These systems contain many of the same data elements. It is time consuming and duplicative to report the same information to a number of different systems. DASA proposes to study information from other data sources to validate the data in their own management information system, and will utilize the expanded data to assist tribes in planning services within Indian Country. DASA respects and honors the sovereignty of each tribe and is committed to ensure that only necessary data is required to be reported and is kept confidential.

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
DIVISION OF ALCOHOL AND SUBSTANCE ABUSE**

**Statewide and Regional Plans  
For  
Services to American Indian Tribes and Communities**

**April 2006**

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**INTRODUCTION**

The mission of the Department of Social and Health Services (DSHS) is to improve the quality of life for individuals and families in need, and help people achieve safe, self-sufficient, healthy, and secure lives. The Division of Alcohol and Substance Abuse (DASA) supports this mission by developing and enhancing a statewide network of publicly funded treatment and prevention services that provide low-income (at or below 200% of the Federal Poverty Level, or FPL) or indigent people with the support and help they need to establish and maintain a lifestyle free of the negative consequences associated with alcohol and substance abuse.

DSHS Administrative Policy 7.01 requires the involvement of tribes and American Indian organizations in the development of plans and processes to ensure the delivery of necessary social and health services to American Indians and other people in their communities.

DASA is committed to the establishment of strong intergovernmental relationships with the tribes of Washington State and the development and delivery of beneficial services to Indian families and individuals in need. DASA recognizes the critical importance and vital need to work in partnership with tribes and Urban Indian communities across the state to assure that Indian people have equitable access to these services, and assure the services are culturally sensitive and appropriate. Toward this end, DASA has taken major steps in recent years.

Since July 1997, DASA has been establishing biennial Government-to-Government contracts with the federally recognized tribes in Washington State to support the delivery of outpatient treatment by tribal facilities and community-based prevention services to tribal members. The minimum allocation of SAPT funds a tribe can receive is \$57,499. Depending on availability, additional funds may be available for ADATSA, methadone, problem gambling, and other special programs. All 29 federally recognized tribes in Washington either have a government-to-government program agreement with DASA or a Consolidated Contract through DSHS.

DASA provides up to \$5,000 a biennium to Urban Indian communities across the state to finance Native American Special Projects focused on the provision of culturally specific and community-based prevention, intervention, or enhanced treatment services. Funding may be used to support community-based alcoholism and substance abuse prevention projects, training in “Best Prevention Practices,” conducting community needs assessment, and intervention and treatment enhancements that increase family, clan, or community participation in treatment recovery programs.

The Division provides training and technical assistance to tribes to support the reporting and billing for publicly funded treatment services provided to Medicaid-eligible tribal members under the Memorandum of Agreement contracts that have been established for federally recognized tribes by the federal Center for Medicare/Medicaid Services and Indian Health Services. Twenty-six tribes currently participate in the Medicaid Title XIX program.

Additionally, the tribes and DASA determined a funding formula to distribute ADATSA funds to federally-recognized tribes. These funds allow tribes to provide treatment for clients who are indigent, unemployable, and incapacitated due to their addiction. At the present time, \$400,000 has been made available for 13 participating tribes.

## **RELEVANT STATEWIDE DATA AND INFORMATION**

### **1. AMERICAN INDIAN SERVICE POPULATION**

#### **2005 Report on Tobacco, Alcohol, and Other Drug Abuse Trends in Washington State**

This report indicates that over 10% of adults living in Washington State are need of treatment, of which, Native Americans represent 16% (Appendix A), a two percent decrease from the previous year. Approximately 14% of Washington State adults who are living at or below 200% of the FPL are in need of treatment. According to the report, there are 5,273 (22%) of Native Americans living at or below the 200% FPL and needing substance abuse treatment services (Appendix B). Native Americans represent 9% of the total adult population who were admitted for treatment with approximately 32% completing treatment (Appendices C, D).

Alcohol is by far the most used substance in Washington State, and the one for which there is the highest rate of treatment need. The report indicates that 88% of adult American Indians have reported having lifetime use of alcohol and 44% have a lifetime use of illicit drug use (Appendices E, F).

The treatment need for adolescents is estimated at 8.7% (Appendix G). Between January 2005 and January 2006, 512 Native American youth (7%) were admitted for publicly-funded treatment, with over 35% completing treatment (Appendix H).



A full copy of the 2005 Report on Tobacco, Alcohol, and Other Drug Abuse Trends in Washington State is available through the Division of Alcohol and Substance Abuse at the following website: <http://www1.dshs.wa.gov/dasa/>.

## **2. TRIBAL AGREEMENTS AND PROTOCOLS IN EFFECT**

### **STATE - TRIBAL AGREEMENTS**

#### **Government-to-Government and Consolidated Contracts with Federally Recognized Tribes**

As of July 1, 2005, 24 federally recognized tribes in Washington State established a Government-to-Government Contract (described on Page ii) with DASA. Five tribes are receiving funds from DASA through a consolidated contract through DSHS. Seventeen tribes provide only prevention services, three tribes provide only treatment, and five tribes provide both prevention and treatment services with their Government-to-Government funding.

Most tribes have numerous contractual agreements with the Department of Social and Health Services (DSHS) through which they provide a variety of social and health services to their communities. This results in a multitude of audits, reports, and documentation requirements, as well as year-round, on-site monitoring visits by different DSHS programs. Contract consolidation is intended to reduce the administrative and staff burdens by reducing the number of different agreements between the tribe and DSHS, without reducing funding or services to the tribes. Consolidation reduces the number of required reports, on-site visits, and amount of documentation required.

#### **Residential Treatment Contracts**

DASA contracts directly with organizations for the provision of residential treatment services. DASA has established residential treatment contracts with the following federally recognized tribes and Urban Indian communities that own and operate residential treatment facilities: Thunderbird Treatment, operated by the Seattle Indian Health Board; Northwest Indian Treatment Center, operated by the Squaxin Island Tribe; and Puyallup Tribal Treatment, operated by the Puyallup Indian Tribe.

#### **Native American Special Projects**

The Native American Special Projects program is an annual application process for one-time events directed toward increasing opportunities to move toward healthy beliefs and clear standards, or reducing risks leading to the early use/abuse of alcohol and other drugs. A total of \$30,000 is available to Urban Indian programs to fund projects each biennium.

Projects include:

**Sobriety Pow wows:** Demonstrates to young people in treatment that there is a whole culture and community ready to embrace them in a meaningful life of sobriety.

**Circle of Life:** Provides a visual understanding of Native American historical trauma and the effects of chemical use on the family systems.

**One Native American Helping Another Native American (ONAHANA):** Uses a safe environment and positive role models from Native American communities to encourage Native American youth to prevent or delay the use and abuse of alcohol, tobacco, and/or other drugs.

### **FEDERAL MEMORANDUM OF AGREEMENT**

In July 1997, a Memorandum of Agreement (MOA) process was initiated by the federal Health Care Financing Authority and Indian Health Services through the Division of Alcohol and Substance Abuse for Title XIX Medicaid-eligible American Indian clients. Under the terms of the federal MOA, tribally owned clinics are reimbursed at 100% of the encounter rate of \$216 for outpatient services to eligible American Indian clients. Of the federally recognized tribes in Washington State, 22 have state-certified chemical dependency treatment programs (Appendix I).

## **3. METHOD AND FREQUENCY OF COMMUNICATION**

### **INFORMATION SHARING**

DASA includes tribal governments, landless tribes, and off-reservation American Indian organizations in all informational mailings, including the division's quarterly FOCUS Newsletter. The mailings are usually sent to the tribal councils, tribal substance abuse programs, and other interested American Indian persons and organizations. Announcements of new initiatives and funding options are distributed to tribal chairs, program directors, interested persons via e-mail and listserves.

Tribal councils or their designated representatives identify contact individuals to carry out the business of communicating with DASA. The tribal contacts who have indicated a capacity for e-mail communication receive direct communiqués from their respective Regional Administrators, Regional Prevention Managers, Chief of the Office of Program Services, Director of DASA, or other appointed DASA staff. Others receive DASA communications by mail, telephone, FAX, and personal contact. Telephone communication between the division and the tribal governments, landless tribes, and off-reservation American Indian organizations occurs both proactively and reactively as the need or desire arises. The DASA single point of contact communicates with those contacts who have expressed a desire for verbal updates and verbal communication. Tribal contacts freely and frequently contact DASA staff with questions, comments, and informational updates. Through this dialogue exchange, a significant amount of "task" and protocol work is accomplished. Appendix K is a template of the Memorandum of Communication and Consultation Agreement signed by the tribal chairs of federally-recognized tribes and the director of DASA. The agreement is intended to identify the appropriate DASA and tribal representative(s) to address tribal alcohol and substance abuse prevention and treatment issues; determine how information will be shared and with whom; determine how feedback will be received, reviewed, and processed; and decide how 7.01 reporting will be completed.

Formal meetings between DASA and the tribal governments, landless tribes, and off-reservation American Indian organizations are held at least annually. Annual and biennial meetings are held to provide information, instruction, feedback, and advice between the tribes and the state. DASA responds to requests for on-site technical assistance from the tribes. The division also extends invitations to tribes to visit DASA headquarters and regional sites for further collaboration and problem solving.

#### **4. TRAINING OF DASA EMPLOYEES ON MAJOR PRINCIPLES OF FEDERAL AMERICAN INDIAN LAW**

The division is committed to working in partnership with tribal governments and Urban Indian communities to assure the development and delivery of beneficial and culturally appropriate services to American Indians across the state. This commitment requires each employee to be sensitive, respectful, and responsive to tribal issues and the needs of American Indians.

According to the DSHS 7.01 plan and the Centennial Accord, any staff who may interact with a tribe must attend culturally appropriate training regarding tribal relations provided by the Governor's Office of Indian Affairs. To assure compliance with Government-to-Government protocols, DASA staff who interact with the tribes are required to receive training on both the protocols and how to work with tribes in a culturally sensitive manner. Appropriate communication becomes increasingly important as the division and tribal governments, landless tribes, and off-reservation American Indian organizations engage more frequently in contractual and technical assistance relationships.

**STATEWIDE TRIBAL ACTION PLANS**

**John Taylor, Chief, Office of Program Services  
Sandra Mena-Tyree, Special Programs Manager**

**Policy 7.01 Plan – Action Plan  
Statewide**

| Implementation Plan  |  |   |   | Progress Report   |
|--|--|---|---|---|
| (1) Goals/Objectives   | (2) Activities   | (3) Expected Outcome  | (4) Lead Staff                                | (5) Status Update for the Fiscal Year Starting Last July 1  |
| <b>Medicaid Eligibility</b>  | Provide workshops to discuss implications to Indian Country. Discuss what is going on with state and feds.   | Understanding of Medicaid billing procedures.   | Sandra Mena-Tyree<br>Special Programs Manager | This is a department issue. Consultation meetings have been established to review and develop appropriate billing policies.<br><br>Health and Recovery Services Administration, in collaboration with tribes, has developed Tribal Medicaid Billing Procedures. |
| <b>ADATSA</b>  | Provide a training session to discuss: <ul style="list-style-type: none"> <li>• Billing.</li> <li>• Example of what is working and where.</li> <li>• Monitoring of living stipends.</li> </ul> | Tribal programs will have all the necessary information and resources to provide ADATSA services. | Regional Administrators                       | For the 2005-2007 Biennium, there is currently 13 tribes receiving ADATSA funding. Individual training has been provided. A more detailed training will be made available at the 2006 Tribal Gathering.   |
| <b>Consultation</b>  | Ensure training is provided to DASA staff and providers on state/tribal relations.   | Tribal relations between Regional teams and tribes will become stronger.                          | Regional Teams and DASA Management            | All DASA management staff are required to attend G2G training. An 7.01 in-service training was provided at the DASA All Staff meeting.  |
| <b>Need more information on what is happening in Indian Country.</b> | Provide a list for:<br>Transitional housing.<br>Tribal plans for treatment.  |   | Sandra Mena-Tyree<br>Special Programs Manager | Completed. All tribal programs have been included on a listserve.   |
| <b>Complexity of the Contract.</b>                                   | Timely review of contract with opportunity to negotiate before signing.  | Tribes will be involved in the development of the 2005-2007 G2G contract.                         | Sandra Mena-Tyree<br>Special Programs Manager | Completed. All tribes accepted and approved the new contract language.  |

**Policy 7.01 Plan – Action Plan  
Statewide**

| Implementation Plan   |   |  |   | Progress Report  |
|---|---|--|---|--|
| (1) Goals/Objectives  | (2) Activities  | (3) Expected Outcome   | (4) Lead Staff  | (5) Status Update for the Fiscal Year Starting Last July 1       |
| <b>Develop Culturally Appropriate Prevention Best Practices</b>   | Begin discussions with tribes to develop a tribal prevention delivery system.   | Tribes will have a prevention system that appropriately addresses the community needs. | Sandra Mena-Tyree<br>Special Programs<br>Regional Prevention Managers | Meetings will begin in May 2006.                                 |
| Statewide, there is a shortage of Chemical Dependency Treatment counselors, especially Native American CDPs | <ul style="list-style-type: none"> <li>Modifying the internship requirements for Chemical Dependency Professionals.</li> <li>Design a para-professional career path for Native Americans and other minorities who are underrepresented in the pool of available CD counselors.</li> </ul> | Change requirements.   |   | NEW.<br>This is a statewide issue that needs a broader approach. |

## **DASA REGIONAL 7.01 ACTION PLANS**

### **REGION 1**

Ray Antonsen, Regional Administrator  
Cyndi Beemer, Regional Treatment Manager  
Julia Greeson, Regional Prevention Manager

| Policy 7.01 Plan – Action Plan                                     |  |   |  |  |
|--|--|---|--|--|
| Region 1   |  |   |  |  |
| Implementation Plan  |  |   |  | Progress Report  |
| (1) Goals/Objectives   | (2) Activities   | (3) Expected Outcome                                | (4) Lead Staff   | (5) Status Update for the Fiscal Year Starting Last July 1 |
| Better access to treatment services.                               | Workgroup participation.   | Immediate access to treatment.                      | 7.01 Workgroup<br>Ray Antonsen                                   | Completed  |
| <b>TRAINING:</b><br>1. Contemporary FAS-FAE (ARND) Training.       | Provide training in ARND.  | Increased knowledge of best practice.               | Ray Antonsen   | Completed  |
| 2. CDP preparation.  | Provide a tutoring for the CDP test. Survey for need.              | Trainees will be able to pass their exam.           | Ray Antonsen,<br>Contracted staff                                | Completed Summer of 2005                                   |
| 3. Obtain input on Region 1 trainings.                             | Request phone and/or email input.                                  | Participation in planning.                          | Region 1 Tribes and Urban Indian Providers<br>Regional DASA Team | Ongoing  |
| 4. Co-occurring issues.  | Participation in co-occurring training.                            | Enhanced competency.                                | Cyndi Beemer   | Ongoing  |
| 5. Provide training in prevention services and cultural diversity. | Provide a seminar with Terry Tafoya or other trainer as indicated. | Increased cultural awareness.                       |  | Pending  |
| 6. 7.01 Training.  | Seminar.   | Increased knowledge of process.                     | Region 1<br>IPSS<br>Representative                               | Pending  |
| Adult Inpatient facility for Native Americans.                     | 1. Encourage and facilitate providers.<br>2. Explore resources.    | Inpatient facility for Native Americans in Region 1 | 7.01 Planning group  | Ongoing  |



| Policy 7.01 Plan – Action Plan  |  |   |                |  |
|---|--|---|----------------|--|
| Region 1  |  |   |                |  |
| Implementation Plan   |  |   |                | Progress Report  |
| (1) Goals/Objectives  | (2) Activities   | (3) Expected Outcome                                | (4) Lead Staff | (5) Status Update for the Fiscal Year Starting Last July 1 |
| Advocate for cross-listing course work for CD psychology in colleges. | Develop advocacy group.                                      | Course requirements applicable to both disciplines. |                | Pending  |
| Resource directory for COD clients.                                   | Develop directory for clients with mental health/COD issues. | Facilitation of referrals.                          | Linda Lauch    | Pending  |

The following is a brief narrative of input given by participating tribes & Urban Indian providers at the January 2006 meeting. **For a status report on last year's 7.01 plan, please review the matrix after the narratives.**

#### **Colville Tribe**

The Colville Tribe is in the process of hiring two rehabilitation aftercare specialists. Presently they have two vacancies for counselors. The tribe would like to have a Children's Transition Facility like the one the Yakima Tribe has.

#### **Spokane Tribe**

No representatives from the Spokane Tribe were present at the meeting. An email will be sent to Bob Brisbois asking for his input.

#### **Kalispel Tribe**

The Kalispel Tribe is currently seeking a Licensed Chemical Dependency Professional for the office on the reservation at Usk. It is suggested that DASA continue to work with tribes in developing culturally relevant best practices in both treatment and prevention that meet the individualized needs of each tribe.

#### **NATIVE Project**

The participants at the meeting indicated they would like to have better access to PPW beds and suggested Casita del Rio and/or Fresh Start treatment programs. **Daycare resources are limited to clients depending upon funding sources and hours during the day that are not necessarily convenient to clients receiving treatment in the evening, etc.**

#### **The Healing Lodge**

They thanked DASA staff **Mary Testa-Smith** and **Cyndi Beemer** for their ongoing assistance and support. Staff retention and burnout continue to be issues. **They requested wellness and self-care training. There continues to be a need for transitional housing for youth who have completed treatment.** They presently have two vacancies for counselors.

**American Indian Center**

No representatives of the American Indian Center were present at the meeting.

**Camas Institute**

**Indicated ATR requirements as rules continue to change, so interpretation is difficult.** (Ray Antonsen indicated that he would bring this issue to the attention of county and DASA staff at a meeting on January 19, 2006.)

1. It should be noted that the Kalispel Tribe's Camas Institute is currently in the planning and negotiation stage of development of an Inpatient Treatment facility for Chemical Dependency, Mental Health, Gambling, et al., services for Native Americans and all others (particularly underserved populations). These negotiations are for a center to be built in the Spokane area, and are being held with WSU and other entities at this time.
2. Camas Institute has discussed the possibility of providing outreach services with Tribal TANF and the Indian Community Center.
3. Camas Institute is currently building a wellness center on the reservation, and is looking at upgrading the services at social services from outpatient to IOP.

## **DASA REGIONAL 7.01 ACTION PLANS**

### **REGION 2**

Ella Hanks, Regional Administrator  
Eric Larson, Regional Treatment Manager  
Stephanie Wise, Regional Prevention Manager

## Policy 7.01 Action Plan

### Region 2

| Implementation Plan  |   |   |                           | Progress Report   |
|--|---|---|---------------------------|---|
| (1) Goals/Objectives   | (2) Activities  | (3) Expected Outcome  | (4) Lead Staff            | (5) Status Update for the Fiscal Year Starting Last July 1  |
| Ensure prompt billing and payment for prevention services provided under the DASA/Indian Nation Program Agreement. | <ol style="list-style-type: none"> <li>1) Yakama Nation program staff will notify the DASA Regional Administrator when a bill has been submitted to the tribal billing department.</li> <li>2) DASA will provide technical assistance to facilitate billing procedure.</li> </ol> | <ol style="list-style-type: none"> <li>1) A reduction in delays in billing and payment process.</li> <li>2) No removal of funding from the contract due to underutilization of funds.</li> </ol>  | Ella Hanks                | <p>All 03-05 contract billings were received by DASA and paid to the tribal program. Monitoring of billing process for the 05-07 contract will occur every 60 days throughout the biennium. Currently no billings have been received. Ella Hanks met with Patricia Ike and Carrie Jo Jones to provide technical assistance. They reported that billings are delayed in the tribal business office.</p> <p>During discussion at 7.01 meeting held in January 2006, Oscar Olney reported that other tribal programs have their billings delayed in the tribal business office too. Mr. Olney said he would try to speed-up the process.</p> |
| Expand chemical dependency (CD) treatment services to include services to youth.                                   | DASA staff will provide technical assistance for staff training, development of program and policy manual documents, TARGET data entry training, and facilitate DASA certification process regarding addition of youth services.  | <ol style="list-style-type: none"> <li>1) CD treatment services for appropriate youth residing in the tribal youth facility will be provided by the Yakama Nation Comprehensive Alcoholism Program.</li> <li>2) The tribal CD treatment program will bill for youth CD services utilizing the DASA/Indian Nation Program Agreement for Medicaid reimbursement.</li> </ol> | Eric Larson<br>Ella Hanks | <p>Awaiting tribal program adoption of additions to program and policy manuals that were submitted to the tribal program by Eric Larson in January of 2006.</p> <p>Once the changes have been adopted, Eric Larson will conduct on-site technical assistance.</p> <p>The program plans on initiating youth services immediately after adopting the changes to the program and policy manuals. Exact start-up date was not set by the tribal program.</p>  |

## Policy 7.01 Action Plan

### Region 2

| Implementation Plan   |   |  |  | Progress Report   |
|---|---|--|--|---|
| (1) Goals/Objectives  | (2) Activities  | (3) Expected Outcome   | (4) Lead Staff                               | (5) Status Update for the Fiscal Year Starting Last July 1  |
| Explore possibility of opening an Oxford House on tribal property to provide housing for persons in recovery from addiction to alcohol and other drugs.     | DASA staff will act as a liaison between appropriate tribal authorities and Oxford House association representatives.         | Gain knowledge about feasibility of Oxford House housing on tribal property for persons in recovery from addiction to alcohol and other drugs. | Eric Larson                                  | <p>Oxford House declined offer to provide housing because they stated that their programs must be run solely by the Oxford House association. Therefore, oversight by tribal authorities would not be possible.</p> <p>At the 7.01 meeting held in January, it was reported that Oscar Olney has been working with a private entity that plans on opening a 16-room recovery house in Toppenish. This entity planned on housing primarily Native Americans.</p> <p>Furnishings are needed for that house and Ella Hanks provided information about the State Surplus Program.</p> |
| Explore funding possibilities for continuation of the Yakama Nation Healing to Wellness Court program and the creation of a Juvenile and Family Drug Court. | DASA staff will act as a conduit to distribute grant and other funding award notifications to the appropriate tribal members. | Gain knowledge about the feasibility of funding resources.   | Ella Hanks<br>Earl Long<br>Sandra Mena-Tyree | Federal and State funding is no longer available. DASA will continue to provide information about grant opportunities and other possible funding resources as they become available.  |

## **DASA REGIONAL 7.01 ACTION PLANS**

### **REGION 3**

Dick Jones, Regional Administrator  
MeLinda Trujillo, Regional Treatment Manager  
Shelli Young, Regional Prevention Manager

## Policy 7.01 Action Plan

### REGION 3

| Implementation Plan  |  |   |   | Progress Report   |
|--|--|---|---|---|
| (1) Goals/Objectives   | (2) Activities   | (3) Expected Outcome                                      | (4) Lead Staff  | (5) Status Update for the Fiscal Year Starting Last July 1  |
| Encourage governmental partnering activities with counties, cities, and legislators to form a positive working relationship.                                     | Identify outstanding issues/gaps in services (needs assessment).                         | Improved working relationships between partners.          | DASA Staff<br>Shari Dempsey, IPSS<br>Tribal Representatives       | <b>Ongoing 05-07 Measure:</b><br>Tribal Gathering planning meeting.<br>October Tribal Gathering.<br>Hold a joint 7.01 meeting with county coordinators at least once annually.  |
| Coordinate 7.01 meetings with Mental Health and DASA so meetings are on the same day (separate times) to maintain integrity that has been established with DASA. | Schedule MH and DASA 7.01 Meetings on same date.   | Coordinated meetings.                                     | Dick Jones, DASA<br>Shari Dempsey, IPSS<br>Tribal Representatives | RTCC Meeting coordinated a scheduled of DASA & Mental Health 7.01 meetings for the same day; same location. DASA will meet in the A.M. Mental Health will meet in the P.M. Schedule for the upcoming year was created and published at 1/6/2006 RTCC meeting.   |
| Ensure communications with tribal governments for sharing joint planning and problem solving.  | 1. Work with Region 3 tribes to assist non-certified tribes to become certified.         | Certified Region 3 tribes.                                | Dick Jones, DASA<br>Tribal Representatives                        | <b>Ongoing 05-07 Measure:</b><br>Region 3 Tribes reported confusion in 03-05 about how to apply for certification. Keep conversation open for tribes to be able to certify their own programs and COCs.<br>Completed successfully for 03-05 with the exception of two tribes; Samish Nation and Sauk-Suiattle Tribe are still working on certification. |
|  | 2. DASA office will meet with tribes for ongoing communications and information sharing. | Effective communication between Region 3 tribes and DASA. | Dick Jones, DASA<br>Tribal Representatives                        | <b>Ongoing 05-07 Measure:</b><br>Region 3 Tribes will report at quarterly meetings on status of communications with DASA.<br>Will continue current process by meeting on a quarterly basis.   |

## Policy 7.01 Action Plan

### REGION 3

| Implementation Plan  |  |   |  | Progress Report  |
|--|--|---|--|--|
| (1) Goals/Objectives   | (2) Activities   | (3) Expected Outcome  | (4) Lead Staff   | (5) Status Update for the Fiscal Year Starting Last July 1   |
|  | 3. Develop a Title XIX “turn away” report to track the people that get turned away and the specific reason why.                        | Better understanding of issues and opportunity to identify possible alternative services. | Dick Jones, DASA<br>Helen Fenrich, Tulalip Governmental Affairs Liaison<br>Shari Dempsey, IPSS             | <b>Ongoing 05-07 Measure:</b><br>Tribes will receive an explanation regarding this issue within 45 days either in a letter or email.                                   |
|  | 4. Tribal representatives request a review of the Centennial Accord.   | Improved understanding of Government-to-Government communication protocols.               | DASA Staff<br>Tribal Representatives<br>Shari Dempsey  | <b>Ongoing 05-07 Measure:</b><br>Work with the Government Office of Indian Affairs.<br>Will refer this to the RTCC.  |
| Identify needs of American Indian clients/ communities and whether current programs and policies meet these needs. | 1. Meet regularly with tribes to develop strategies to address gaps in services; develop decision package to further increase funding. | Increased funding for Individual Treatment Assessment (ITA).                              | Dick Jones, DASA<br>Shari Dempsey, IPSS<br>Marilyn Scott, Upper Skagit                                     | <b>Ongoing 05-07 Measure:</b><br>Enhancement funds distributed this biennium.<br>05-07 decision package should address funding for ITA.                                |
|  | 2. Consider sponsoring a legislative luncheon facilitated by Region 3 tribes; explore further at RTCC meeting.                         | Improved understanding by elected officials of tribal issues.                             | Dick Jones, DASA/<br>Co-Chair RTCC<br>Shari Dempsey, IPSS<br>Marilyn Scott, Upper Skagit/<br>Co-Chair RTCC | <b>Ongoing 05-07 Measure:</b><br>Consider holding a luncheon (if this is the consensus of the Region 3 Tribes or the RTCC).<br>Discuss at next 7.01 and RTCC meetings. |



## Policy 7.01 Action Plan

### REGION 3

| Implementation Plan                             |   |   |   | Progress Report   |
|---|---|---|---|---|
| (1) Goals/Objectives                            | (2) Activities  | (3) Expected Outcome  | (4) Lead Staff  | (5) Status Update for the Fiscal Year Starting Last July 1  |
| Service enhancements and contract efficiencies. | 1. Census data for Native Americans is used as a factor to determine county allocations, but counties are not required to designate these funds for tribal members. Facilitate relationships between counties and tribes.                           | Equitable allocation of county dollars.   | DASA Staff<br>Tribal Representatives<br>County Representatives<br>Shari Dempsey, IPSS | <b>Ongoing 05-07 Measure:</b><br>Census data issues presented to tribal/ DASA gathering planning group. Continue participating with county coordinators in joint meeting by YE 2007. Work to foster collaboration between counties and tribes (remember to address RFP process and better inclusion of tribes by counties). |
|   | 2. Negotiate tribal/state agreements and protocols prior to the start of services, select and submit strategies, contracts, and amendments in advance of service start date.  | Improved and timely contracting process, with reasonable reporting requirements and performance expectations.           | DASA Staff  | <b>Ongoing 05-07 Measure:</b><br>Contracts in place before the start of biennium. Ongoing process to improve services. Understanding has increased, timing is improved, but will continue to address this issue in the current biennium.  |
|   | 3. Advocate for improvement of billing procedures to create and maintain meaningful partnerships throughout the contract process. Clarify vague billing expectations, and honor staff time limitations by facilitating timely payment for services. | Reduce duplicative requirements in billing procedures (such as A19s expected to be submitted with PBPS reports, etc.) . | Dick Jones, DASA<br>Tribal Representatives<br>Helen Fenrich<br>Sharri Dempsey         | <b>Ongoing 05-07 Measure:</b><br>Forward to IPAC. Tribe will report that payments are received within one month of submission. Ongoing improvement process.   |

## Policy 7.01 Action Plan

### REGION 3

| Implementation Plan   |   |   |  | Progress Report  |
|---|---|---|--|--|
| (1) Goals/Objectives  | (2) Activities  | (3) Expected Outcome  | (4) Lead Staff   | (5) Status Update for the Fiscal Year Starting Last July 1   |
|   | 4. Monitor/evaluate services (review reports, monitoring visits).   | Better understanding by Region 3 DASA staff of tribal services and needs.   | Dick Jones, DASA<br>Shelli Young, DASA<br>MeLinda Trujillo, DASA<br>Jill Cass, DASA<br>Certification | <b>Ongoing 05-07 Measure:</b><br>DASA to document monitoring during 05-07 Biennium.<br>Discuss at next 7.01 meeting. |
| <b>Training and Support:</b><br>Improve training and support for Region 3 Tribes. | Offer relevant training opportunities, possibly: Prevention Certification; Prevention Strategies; Billing Procedures; CDP CEUs; Culturally Relevant Evaluation; ITA/Secure Detox. | Region 3 training plan developed for 05-07 Biennium, with meaningful training opportunities offered throughout the funding cycle. | Dick Jones, DASA<br>Shari Dempsey, IPSS<br>Region 3 DASA Staff<br>Tribal Representatives             | To be developed in future 7.01 meetings.   |
|   | 1. Treatment Analyzer (TA) to tribes to assist with the ADATSA application process.   | Increased ADATSA contracts for interested tribes.   | Dick Jones, DASA<br>Shari Dempsey, IPSS<br>Region 3 DASA Staff<br>Tribal Representatives             | To be developed in future 7.01 meetings.   |
|   | 2. Problem Gambling/ Gambling Prevention.   | Problem Gambling Certification.   | Region 3 DASA Staff<br>Shari Dempsey, IPSS<br>Linda Graves, Gambling Treatment Manager               | Invite Linda Graves to future meeting to discuss gambling prevention/ treatment/certification.                       |
|   | 3. CQI - Continuous Quality Improvement/Quality Assurance.  | CQI training provided.  | Region 3 DASA Staff<br>Tribal Representatives<br>Jennifer Paddock, Samish Nation                     | Jennifer Paddock to provide CQI training.  |

**Policy 7.01 Action Plan**

**REGION 3**

| Implementation Plan  |   |  |                        | Progress Report  |
|----------------------|---|--|------------------------|--|
| (1) Goals/Objectives | (2) Activities  | (3) Expected Outcome   | (4) Lead Staff         | (5) Status Update for the Fiscal Year Starting Last July 1 |
|                      | 4. Tribal Sharing: What is working or not, such as the November 2005 Prevention Evaluation Training that Upper Skagit participated. | Improved understanding between tribes on what everyone is doing with DASA and other funding. A "Learning Community." | Tribal Representatives | Include in future 7.01 meeting meetings.                   |

## **DASA REGIONAL 7.01 ACTION PLANS**

### **REGION 4**

Harvey Funai, Regional Administrator  
Robert Leonard, Regional Treatment Manager  
Vacant, Regional Prevention Manager

## Policy 7.01 Action Plan

### REGION 4

| Implementation Plan   |   |  |                              | Progress Report  |
|---|---|--|------------------------------|--|
| (1) Goals/Objectives  | (2) Activities  | (3) Expected Outcome   | (4) Lead Staff               | (5) Status Update for the Fiscal Year Starting Last July 1 |
| Duwamish Tribe Chairperson and DASA Regional Administrator will meet at least annually.                                     | DASA Regional Administrator will coordinate meeting with the Duwamish Tribe Chairperson.                                  | Duwamish Tribe Chairperson and DASA staff will meet face-to-face at least annually for consultation.                                   | Harvey Funai                 | Due July 2006 -Completed                                   |
| Muckleshoot Tribe will gain new knowledge and skills enabling staff to enter TARGET data accurately and in a timely manner. | At least two Muckleshoot Tribe staff will complete TARGET MIS training provided by DASA.                                  | Staff completing TARGET training will have knowledge and skills to enter TARGET data accurately and in a timely manner.                | Nancy Mellor                 | Due July 2004 -Completed                                   |
| Memorandum of Communication and Consultation Agreement (MCCA) between the Muckleshoot Tribe and DASA will be executed.      | Muckleshoot Tribe staff and DASA representative will ensure that the MCCA is completed and executed.                      | Staff will know who to contact and how to contact the appropriate staff for help or technical assistance.                              | Harvey Funai<br>Nancy Mellor | Due July 2004 -Completed                                   |
| Seattle Indian Health Board will provide youth outreach and family services to the urban Indian community.                  | Seattle Indian Health Board will develop and implement a youth outreach and family program to the urban Indian community. | Urban Indian youth and their families will be able to access needed youth and family services provided by Seattle Indian Health Board. | Al Sweeten                   | Due July 2004 -Completed                                   |
| Seattle Indian Health Board will provide youth outpatient chemical dependency services.                                     | Seattle Indian Health Board will administer an outpatient chemical dependency program focusing on urban Indian youth.     | Urban Indian youth will be able to receive outpatient chemical dependency services at Seattle Indian Health Board.                     | Al Sweeten                   | Due July 2004 -Completed                                   |

## Policy 7.01 Action Plan

### REGION 4

| Implementation Plan   |   |  |                               | Progress Report  |
|---|---|--|-------------------------------|--|
| (1) Goals/Objectives  | (2) Activities  | (3) Expected Outcome   | (4) Lead Staff                | (5) Status Update for the Fiscal Year Starting Last July 1 |
| Snoqualmie Tribe will obtain digital certificate and access to enter TARGET data.   | Snoqualmie Tribe staff will apply for and obtain digital certificate to access TARGET system and enter data.  | Snoqualmie Tribe staff will enter TARGET data accurately and in a timely manner.   | Marie Ramirez                 | Due July 2005 -Completed                                   |
| Snoqualmie Tribe will receive an invitation to participate in the prevention providers meeting convened by Seattle-King County Department of Public Health. | Snoqualmie Tribe will receive an invitation to attend prevention providers meetings.<br><br>Snoqualmie Tribe will be added to the meeting notification announcement list. | Snoqualmie Tribe will be invited to attend prevention provider meetings hosted by the Seattle-King County Department of Public Health. | Deb Schnellman                | Due July 2004 -Completed                                   |
| Snoqualmie Tribe will develop prevention program related to carving a higher level shovel nose river/lake canoe.  | Snoqualmie Tribe will secure funding through DASA to carve a higher level shovel nose river/lake canoe.   | Snoqualmie Tribe will secure funding and develop a prevention program focusing on carving a higher level shovel nose river/lake canoe. | Marie Ramirez                 | Due July 2005 -Completed                                   |
| Memorandum of Communication and Consultation Agreement (MCCA) between the Snoqualmie Tribe and DASA will be executed.                                       | Snoqualmie Tribe and DASA representative will ensure that the MCCA is completed and executed.   | Staff will know who to contact and how to contact the appropriate staff for help or technical assistance.                              | Harvey Funai<br>Marie Ramirez | Due July 2004 -Completed                                   |

**Policy 7.01 Action Plan**

**REGION 4**

| Implementation Plan   |   |  |                | Progress Report  |
|---|---|--|----------------|--|
| (1) Goals/Objectives  | (2) Activities  | (3) Expected Outcome   | (4) Lead Staff | (5) Status Update for the Fiscal Year Starting Last July 1 |
| United Indians of All Tribes Foundation will increase staff's knowledge of local tribes and urban Indian programs providing chemical dependency prevention, intervention, treatment and aftercare services. | United Indians of All Tribes Foundation will plan and host a Native American Chemical Dependency Gathering. | Participants of the Gathering will increase their knowledge of chemical dependency prevention, intervention, treatment, and aftercare services provided to Native American individuals and family members. | John Lawson    | Due April 2005 -Completed                                  |

**DASA REGIONAL 7.01 ACTION PLANS**

**REGION 5**

Jim Friedman, Regional Administrator  
Miae Christofferson, Regional Treatment Manager  
Steve Brown, Regional Prevention Manager



## Policy 7.01 Plan – Action Plan

### Port Gamble S’Klallam Tribe

| Implementation Plan  |   |                                |  | Progress Report   |
|--|---|--------------------------------|--|---|
| (1) Goals/Objectives   | (2) Activities  | (3) Expected Outcome           | (4) Lead Staff   | (5) Status Update for the Fiscal Year Starting Last July 1  |
| Increase adult treatment and prevention resources.   | <ul style="list-style-type: none"> <li>▪ Budget discussions.</li> <li>▪ Assessing tribe’s needs.</li> <li>• By 9/2006 reassess need, and by 2/2007 find more funds.</li> </ul>    | More money availability.       | Jim Friedman,<br>Region 5 Administrator<br>Dan Brewer                        | 2003-2005 Biennium COMPLETED. Found unencumbered one-time dollars to expand adult services.<br>2005-2007 Biennium. Looking for current under-spent dollars. |
| 1. Improve transportation for individuals to access treatment at tribal locations.<br>2. Provide transportation funding for van, gasoline, staff, and maintenance. | <ul style="list-style-type: none"> <li>▪ Hold meetings and discussions.</li> <li>▪ Explore resources</li> <li>▪ Plan for a reservation transit system in North Kitsap.</li> </ul> | An implemented strategy.       | Dan Brewer<br>Steve Brown, Region 5<br>Prevention Manager                    | This is a continuous, slow process. Can use some dollars from the G2G contract.   |
| Assist tribes in identifying resources to support transitional housing in the region.<br>Increase family support services.   | Consult and collaborate with Suquamish Tribes to learn from their experience.   | Meeting with tribes.           | Dan Brewer: lead<br>Dano Ives<br>Steve Brown, Region 5<br>Prevention Manager | HUD contacted by Tribe – not helpful. Create a proposal to Tribal Council to create and maintain transitional housing.                                      |
| Technical assistance on tribal ADATSA.   | ADATSA training to be provided.   | Trained staff.                 | Jim Friedman   | Training to be provided by 4/30/06.   |
| Get on board with TARGET.  | <ul style="list-style-type: none"> <li>• Receive TARGET reports training.</li> <li>• Identify another staff to be trained in TARGET and PBPS</li> </ul>                           | Staff trained in using TARGET. | Dan Brewer<br>Jim Friedman<br>Region 5 Administrator                         | To be scheduled.  |

**Policy 7.01 Plan – Action Plan**

**Port Gamble S’Klallam Tribe**

| Implementation Plan  |   |                      |                | Progress Report  |
|--|---|----------------------|----------------|--|
| (1) Goals/Objectives   | (2) Activities  | (3) Expected Outcome | (4) Lead Staff | (5) Status Update for the Fiscal Year Starting Last July 1 |
| Assist tribal program in paying for staff certification requirement fees and yearly renewal fees.  | <ul style="list-style-type: none"> <li>• Need more revenue sources.</li> <li>• Explore grants and sources for payment.</li> </ul> |                      | Dan Brewer     | No foreseen solution.                                      |
| The tribe lacks resources to provide wrap-around and aftercare services for families who are affected by substance abuse and addictions. | Explore resources.  |                      |                | NEW.   |

**Policy 7.01 Plan – Action Plan**

**Puyallup Tribe**

| Implementation Plan  |   |  |                            | Progress Report  |
|--|---|--|----------------------------|--|
| (1) Goals/Objectives   | (2) Activities  | (3) Expected Outcome   | (4) Lead Staff             | (5) Status Update for the Fiscal Year Starting Last July 1   |
| Improve American Indian prevention programming for individuals served by the Puyallup Tribal Health Authority.                     | Provide prevention SAPT and PBPS trainings on the Puyallup Tribal Health Authority campus.<br>Steve to provide TA on pre/post data collection for cultural programs and ensure PBBS training is provided.   | Train an estimated 5-10 staff and community members in SAPT's curriculum.  | Steve Brown<br>Nancy Meyer | Five staff have already attended SAPT trainings. Provide more staff opportunities to attend SAPT prevention trainings as needed. |
| Support Puyallup Tribal Health Authority by providing T/A on evaluation of Annual Puyallup Treatment Center's Wellbriety Picnic.   | Enhance existing evaluation tool to further demonstrate the effectiveness of the Puyallup Treatment Center's Wellbriety Picnic in the area of reinforcing a substance free lifestyle for alumni and preventing/reducing substance misuse.<br>Redesign picnic format, establish measurable goals, and develop an evaluation. | Increase a substance-free lifestyle and knowledge of Puyallup Tribal Health Authority services and other local resources for Treatment Center's Wellbriety Picnic attendees. | Steve Brown<br>Nancy Meyer | By Spring 2006.  |
| Expand Government-to-Government contracts to more fully meet the needs of the American Indian/Alaska Native people served by PTHA. | <ul style="list-style-type: none"> <li>Redistribution of unused funds from other tribes.</li> </ul>   | Expanded services. Increased one-time contract dollar allocations.   | Jim Friedman               | Hopeful to continue enhanced \$150,000 next biennium.  |

## Policy 7.01 Plan – Action Plan

### Puyallup Tribe

| Implementation Plan  |  |  |                          | Progress Report   |
|--|--|--|--------------------------|---|
| (1) Goals/Objectives   | (2) Activities   | (3) Expected Outcome   | (4) Lead Staff           | (5) Status Update for the Fiscal Year Starting Last July 1                            |
| Assist tribes in identifying resources to support transitional housing. PTHA would like to see family housing for pre- and post-treatment. | <ul style="list-style-type: none"> <li>Consult and collaborate with PTHA to develop a vision and proposals.</li> <li>PTHA wants to provide transitional housing two weeks before and two weeks after treatment.</li> </ul> | <p>An implemented strategy.</p> <p>An in-depth analysis of cost.</p> | Rod Smith<br>Steve Brown | <p>On hold</p> <p>Revisit next 7.01 meeting: January 2007</p>                         |
| Puyallup wants an increase in recovery house rates. They also want full encounter rates for all CD services.                               | Tribal treatment may work with adult residential providers' group by attending meetings and join with other providers in developing a strategy.  | Increased recovery house rates.                                      |                          | Intensive inpatient and recovery house rates have increased and will again on 7/1/06. |

| Policy 7.01 Plan – Action Plan   |   |  |   |   |
|--|---|--|---|---|
| Suquamish Tribe  |   |  |   |   |
| Implementation Plan  |   |  |   | Progress Report   |
| (1) Goals/Objectives   | (2) Activities  | (3) Expected Outcome   | (4) Lead Staff  | (5) Status Update for the Fiscal Year Starting Last July 1  |
| Expand Government-to-Government and ADATSA contracts to more fully meet the American Indian needs. | <ul style="list-style-type: none"> <li>▪ Redistribution of unused funds from other tribes.</li> <li>▪ Commitment of ADATSA dollars from Kitsap County for services through Suquamish contract.</li> </ul>                 | Expanded services. Increased one-time contract dollar increases.           | Jim Friedman, Region 5 Administrator<br>Chuck Wagner, Suquamish Tribe | Found some dollars to bolster ADATSA services in 03-05 Biennium. Accomplished.  |
| Suquamish wishes to contract directly with the state and no longer deal with Kitsap County.        | <ul style="list-style-type: none"> <li>▪ Meetings, discussions, and negotiations with Kitsap County and DASA.</li> </ul>  | Contracting for treatment and prevention services done directly with DASA. | Chuck Wagner, Suquamish Tribe<br>Jim Friedman, Region 5 Administrator | Completed   |
| Tribe wants to initiate a tribal drug court  | <ul style="list-style-type: none"> <li>▪ Write a grant.</li> <li>▪ DASA will provide a support letter.</li> </ul>   | Tribal drug court established.   | Linda Holt, Suquamish Tribe<br>Jim Friedman, Region 5 Administrator   | Completed.  |
| Improve transportation for individuals to access treatment at tribal locations.                    | <ul style="list-style-type: none"> <li>▪ Hold meetings and discussions.</li> <li>▪ Develop strategy.</li> <li>▪ Planning a reservation transit system in north Kitsap.</li> <li>▪ Suquamish looking for a van.</li> </ul> | An implemented strategy. Implement tribal transit system in Kitsap.        | Chuck Wagner, Suquamish Tribe<br>Implement strategy by 12/31/06       | Chuck starting to organize a strategy working with Casino & tribal government. Continuous, slow process. Contract signed with Para Transit to transport Medicaid clients. Van idea dropped. |

## Policy 7.01 Plan – Action Plan

### Suquamish Tribe

| Implementation Plan  |  |  |   | Progress Report  |
|--|--|--|---|--|
| (1) Goals/Objectives   | (2) Activities   | (3) Expected Outcome   | (4) Lead Staff  | (5) Status Update for the Fiscal Year Starting Last July 1   |
| Improve American Indian Prevention Programming in Region 5.  | <ol style="list-style-type: none"> <li>1. Schedule tribal-specific SAPTS.</li> <li>2. Assess tribal prevention needs.</li> <li>3. Provide technical assistance on pre-/post-data collection.</li> <li>4. Provide PBPS training.</li> </ol> | <ol style="list-style-type: none"> <li>1. Increase knowledge of staff core prevention competencies.</li> <li>2. A draft plan describing expanded prevention services</li> <li>3. Increase knowledge of PBPS pre-/post-data collection by participation in.</li> <li>4. Increase knowledge of PBPS system.</li> </ol> | Steve Brown,<br>Region 5 Prevention Manager                                     | <p>Status Update will be March 2006 for all activities.</p> <p>Anticipated target date is spring 2006 for items #1, #2</p> <p>Items #3, #4 will be addressed in PBPS user group T/A training. The trainings are scheduled for the first Thursday every three months at the Region 5 DSHS computer lab through June 2006. <b>(This is a Pilot T/A Group.)</b></p> |
| Encourage tribal development of physical plant to support treatment and clean and sober housing needs. | <ul style="list-style-type: none"> <li>▪ Long range plan is to construct and operate an inpatient treatment facility.</li> <li>▪ Feasibility study.</li> </ul>   | Provide a certified residential service or decide not to pursue provision of this service.   | Chuck Wagner,<br>Suquamish Tribe<br><br>Jim Friedman,<br>Region 5 Administrator | <p>Have had some brief discussions.</p> <p>Have secured the land.</p> <p>Still in early vision stages.</p> <p>On hold.</p>   |

| Policy 7.01 Plan – Action Plan   |   |  |   |   |
|--|---|--|---|---|
| Suquamish Tribe  |   |  |   |   |
| Implementation Plan  |   |  |   | Progress Report   |
| (1) Goals/Objectives   | (2) Activities  | (3) Expected Outcome   | (4) Lead Staff  | (5) Status Update for the Fiscal Year Starting Last July 1  |
| Safeguard confidentiality of data put into TARGET, including non-public clients. | Develop a protocol and/or written agreement safeguarding confidentiality for all non-public clients that are entered into TARGET. | Written document: Either a data sharing agreement or a protocol. | Chuck Wagner, Suquamish Tribe<br>Jim Friedman, Region 5 Administrator | Discussions with DASA headquarters to provide a solution. Not accomplished for 2003-2005 Biennium. NEW TARGET date of 06/30/06. |
| More dollars for treatment in 2005 – 2007 Biennium.                              | Redistribution of unused ADATSA funds from other tribes.  | Increase ADATSA contract by at least \$20,000.                   | Jim Friedman, Region 5 Administrator                                  | Assess need by 03/01/06.<br>Increase dollars by 9/01/06.  |
| Develop housing beyond transitional.   | Encourage Oxford House to establish in the Suquamish community.   | Oxford facility established.                                     | Chuck Wagner, Suquamish Tribe<br>Jim Friedman, Region 5 Administrator | By 12/06.   |

## **DASA REGIONAL 7.01 ACTION PLANS**

### **REGION 6**

Sandra Mena-Tyree/Ruth Leonard, Acting Regional Administrators  
Ruth Leonard, Regional Treatment Manager  
Heidi Dodd, Regional Prevention Manager



## Policy 7.01 Plan – Action Plan

### Confederated Tribes of the Chehalis Reservation

| Implementation Plan  |  |   |                             | Progress Report  |
|--|--|---|-----------------------------|--|
| (1) Goals/Objectives   | (2) Activities   | (3) Expected Outcome  | (4) Lead Staff              | (5) Status Update for the Fiscal Year Starting Last July 1 |
| Pursuant to the hiring of a new Behavioral Health director, the tribe is requesting technical assistance to ensure compliance with Government-to-Government and ADATSA contract reviews.                 | 03/31/2004 – Complete on-site T/A training.<br>06/30/2004 – Complete on-site TARGET/Title XIX review to ensure procedures have been implemented.   | Behavioral Health Program staff will be trained to ensure compliance with the Government-to-Government and ADATSA contracts and fiscal reviews. | DASA Region 6 Administrator | RESOLVED   |
| The Chehalis Tribe currently is providing prevention services with Government-to-Government contract dollars but having difficulty with reporting activities into the prevention MIS system as required. | 03/31/2005 – Prevention program goals, objectives will be identified. Prevention programs activities will be entered in the prevention MIS system.<br>06/30/2005 – Will be providing T/A on how to report prevention services into the MIS system. | The Chehalis Tribe will report prevention activities billed to the Government-to-Government contract into the prevention MIS system.            | DASA Region 6 Administrator |  |
| The Chehalis Tribe is having difficulty determining client eligibility for Medicaid clients.   | 03/31/2005 – The tribe will have identified and gained access to the state system to determine client eligibility.<br>06/30/2005 – The tribe will be utilizing this system for all clients.  | The Chehalis Tribe will have identified all Medicaid-eligible clients.  | DASA Region 6 Administrator |  |

## Policy 7.01 Plan – Action Plan

### Cowlitz Tribe

| Implementation Plan  |  |   |   | Progress Report   |
|--|--|---|---|---|
| (1) Goals/Objectives   | (2) Activities   | (3) Expected Outcome  | (4) Lead Staff  | (5) Status Update for the Fiscal Year Starting Last July 1  |
| Cowlitz Tribe is requesting assistance in meeting certification requirements for all treatment modalities. To include OP, IOP, DUI Assessment, and ADIS. | <p>03/31/2004 – Manuals will be reviewed and updated to meet certification requirements.</p> <p>06/30/2004 – Cowlitz Tribe will have completed the application process and applied to DASA for certification.</p> <p>09/30/2004 – Will have received DASA certification and agency will be open and accepting clients.</p> <p>12/31/2004 – Cowlitz Tribe will have Title XIX contract in place and will be accepting eligible clients.</p> | Cowlitz Tribe will be certified by DASA for identified treatment modalities.                  | <p>DASA Region 6 Administrator</p> <p>Debbie Norberg<br/>Clinical Supervisor<br/>360-575-3308</p> | RESOLVED. The Cowlitz Tribe is now certified to provide treatment services.   |
| The Cowlitz Tribe has identified the need to become an ADATSA assessment and treatment provider.   | 03/31/2005 – DASA will provide to the tribe the information that is required to be in the tribal resolution.   | The Cowlitz Tribe will be a certified ADATSA assessment and treatment provider.               | DASA Region 6 Administrator   | <p>06/30/2005 – Tribe will have provided DASA with the resolution stating they want to move forward with ADATSA. DASA will have issued an ADATSA contract to the tribe.</p> <p>09/30/2005 – Tribal program will be providing ADATSA services.</p> |
| The Cowlitz Tribe has agreed to the need to contract for CDP DSHS/DCFS Outstation Counselor.   | 01/07/06 – Tribal resolution submitted to tribal council and approved.   | The Cowlitz Tribe will be offering services as outlined in the contract to DSHS/DCFS clients. |   |   |

| Policy 7.01 Plan – Action Plan   |  |   |                |  |
|--|--|---|----------------|--|
| Cowlitz Tribe  |  |   |                |  |
| Implementation Plan  |  |   |                | Progress Report  |
| (1) Goals/Objectives   | (2) Activities   | (3) Expected Outcome  | (4) Lead Staff | (5) Status Update for the Fiscal Year Starting Last July 1 |
| Cowlitz Tribe is requesting assistance in meeting branch (Vancouver, WA) certification requirements for all treatment modalities. To include OP, IOP, DUI Assessment, and ADATSA services at this branch location. | <p>01/24/06 – DASA will provide to the tribe the necessary information to start the branch certification process.</p> <p>02/06/06 – Cowlitz Tribe will have completed the application to provide chemical dependency services as a branch office.</p> <p>02/28/06 – Tribe will have provided DASA with the resolution stating they want to move forward on certification to provide treatment services in Vancouver.</p> <p>3/15/06 – Cowlitz Tribe will have a T-19 contract in place and will be accepting eligible clients.</p> <p>3/15/06 – Cowlitz Tribe Vancouver branch will have an ADATSA contract and will be offering this service to eligible clients.</p> | The Cowlitz Tribe will be certified by DASA to provide identified treatment modalities in Vancouver, WA |                |  |

| Policy 7.01 Plan – Action Plan   |   |  |                |  |
|--|---|--|----------------|--|
| Cowlitz Tribe  |   |  |                |  |
| Implementation Plan  |   |  |                | Progress Report  |
| (1) Goals/Objectives   | (2) Activities  | (3) Expected Outcome   | (4) Lead Staff | (5) Status Update for the Fiscal Year Starting Last July 1 |
| The Cowlitz Tribe has identified the need to offer the ADATSA living stipend to eligible clients at both the Longview and the proposed Vancouver location. | 03/01/06 – Cowlitz Tribe will have set forth accounting policies and procedures in order to offer this service.<br>03/01/06 – Cowlitz Tribe will have set up a separate checking account and will have delegated individuals who are responsible to carry out this service. | Cowlitz Tribe will offer the living stipend to clients.                      |                |  |
| The Cowlitz Tribe has identified the need to offer prevention activities.  | November 2005 – Work plan was developed in order to implement tribal prevention activities.   | Cowlitz Tribe will offer prevention activities as outlined in the work plan. |                |  |

| Policy 7.01 Plan – Action Plan   |   |   |  |  |
|--|---|---|--|--|
| Hoh River Tribe  |   |   |  |  |
| Implementation Plan  |   |   |  | Progress Report  |
| (1) Goals/Objectives   | (2) Activities  | (3) Expected Outcome  | (4) Lead Staff   | (5) Status Update for the Fiscal Year Starting Last July 1   |
| Hoh Tribe currently is providing prevention services with Government-to-Government contract dollars but not reporting activities into the prevention MIS system as required. | 03/31/2004 – Prevention program goals, objectives will be identified. Prevention programs will be identified.<br>06/30/2004 – Will be providing T/A on how to report prevention services into the MIS system. | Hoh Tribe will report prevention activities billed to the Government-to-Government contract into the prevention MIS system. | DASA Region 6 Administrator<br><br>James Jamie<br>Hoh Tribe General Manager. | The tribe has hired a new executive director. DASA RA has attempted to set up a meeting with this individual. Will continue to work toward resolution. |
| No reported concerns for 2006.   |   |   |  |  |

**Policy 7.01 – Action Plan**

**Jamestown S’Klallam Tribe**

| Policy 7.01 – Action Plan  |   |  |  |   |
|--|---|--|--|---|
| Jamestown S’Klallam Tribe  |   |  |  |   |
| Implementation Plan  |   |  |  | Progress Report   |
| (1) Goals/Objectives   | (2) Activities  | (3) Expected Outcome   | (4) Lead Staff                             | (5) Status Update for the Fiscal Year Starting Last July 1                  |
| 1. The Jamestown S’Klallam Tribe has had difficulty with Government-to-Government and Title XIX billing. | Tribe will review client files and identify all potential billable occurrences. | By 3/31/2005, the Jamestown S’Klallam Tribe will have billed the Government-to-Government 100% and have started billing Title XIX via electronic procedures. | DASA Region 6 Administrator                | The files have been reviewed and any billable occurrences have been billed. |
|  | Complete Government-to-Government contract billing back to 7/1/05.              | By 6/30/05, back billing will be completed.  | Liz Mueller                                | Completed.  |
|  | Complete all Title XIX billing for all eligible services back for one year.     | By 9/30/2005, will have completed back billing.  | Jamestown S’Klallam Tribe Program Director | Completed.  |
|  | DASA will complete on-site TARGET/Title XIX review to verify services.          | Review to be completed before June 2006.   |  | On schedule.  |

**Policy 7.01 – Action Plan**

**Jamestown S’Klallam Tribe**

| Policy 7.01 – Action Plan  |   |   |   |   |
|--|---|---|---|---|
| Jamestown S’Klallam Tribe  |   |   |   |   |
| Implementation Plan  |   |   |   | Progress Report   |
| (1) Goals/Objectives   | (2) Activities  | (3) Expected Outcome  | (4) Lead Staff  | (5) Status Update for the Fiscal Year Starting Last July 1  |
| 2. The Jamestown S’Klallam Tribe currently is providing prevention services with Government-to-Government contract dollars but are having difficulty with reporting activities into the prevention MIS system as required. | Prevention program goals and objectives will be identified.   | By 3/31/05, the Jamestown S’Klallam tribe will have identified prevention program goals and objectives.   | DASA Region 6 Administrator   | Goals and objectives have been entered into MIS system, however reporting on prevention services and activities continues to be an issue.<br><br>Plan: Arrange for technical assistance with PBPS reporting and evaluation tools. |
|  | Prevention program activities will be entered into the prevention MIS system.   | By 3/31/05, the Jamestown S’Klallam tribe will report prevention activities billed to the Government-to-Government contract into the MIS System.                        | DASA Region 6 Prevention Manager<br>Liz Mueller   |   |
|  | DASA will provide TA on how to report prevention services into the MIS System.  | By 6/30/05, TA will be provided.  | Jamestown S’Klallam Tribe Program Director  |   |
| 3. The Jamestown S’Klallam Tribe currently is providing treatment services with Government-to-Government and MOA contract dollars but having difficulty with reporting activities into the TARGET MIS system as required.  | DASA will provide TA on how to report treatment services into the MIS system.   | By 6/30/05, TA will be provided and Jamestown S’Klallam will report treatment activities billed to the Government-to-Government contract into the Treatment MIS System. | DASA Region 6 Administrator<br>DASA Region 6 Treatment Manager<br>Liz Mueller<br>Jamestown S’Klallam Tribe Program Director | On schedule, will be considering an alternate site to provide CD treatment services, they will also work to re-connect with Jefferson County Probation and with Safe Harbor who historically provided referrals.                  |
| 4. Jamestown S’Klallam Tribe is having some difficulty in identifying tribal members who may be eligible for ADATSA funding and able to attend treatment services at the current location.                                 | At this time, current ADATSA funding will be decreased by 50%, will continue to review utilization and adjust as needed | The tribe will look at ways to increase utilization.  |   |   |

## Policy 7.01 Plan – Action Plan

### Lower Elwha Tribe

| Implementation Plan   |  |  |  | Progress Report  |
|---|--|--|--|--|
| (1) Goals/Objectives  | (2) Activities   | (3) Expected Outcome   | (4) Lead Staff   | (5) Status Update for the Fiscal Year Starting Last July 1                                   |
| The Lower Elwha Tribe is requesting continued consultation with the state to negotiate for services provided to non-native Title XIX eligible clients.  | This issue is not just a DASA issue, this is a statewide DSHS issue, and therefore, this issue has been moved forward.                               |  |  |  |
| The Lower Elwha Tribe currently is providing prevention services with Government-to-Government contract dollars but having difficulty with reporting activities into the prevention MIS system as required. | 04/30/2005 – Prevention program goals and objectives will be identified. Prevention program activities will be entered in the prevention MIS system. | The Chehalis Tribe will report prevention activities billed to the Government-to-Government contract into the prevention MIS system. | DASA Region 6 Administrator<br>John Miller,<br>Executive Director<br>Lower Elwha Tribe<br>360-452-8471 | 06/30/2005 – Will be providing T/A on how to report prevention services into the MIS system. |
| <b>No reported concerns for 2006.</b>   |  |  |  |  |



## Policy 7.01 Plan – Action Plan

### Makah Tribe

| Implementation Plan   |   |   |   | Progress Report  |
|---|---|---|---|--|
| (1) Goals/Objectives  | (2) Activities  | (3) Expected Outcome  | (4) Lead Staff  | (5) Status Update for the Fiscal Year Starting Last July 1                           |
| Makah Tribe has historically had difficulty with Government-to-Government and Title XIX billing.  | <ul style="list-style-type: none"> <li>• Prepare a workable spending plan.</li> <li>• Provide DASA with the letter from tribal council of their intent to bill for Medicaid services provided to non-native clients.</li> </ul>                                   | Makah Tribe will have billed the Government-to-Government 100% and have started billing Title XIX via electronic procedures.      | DASA Region 6 Administrator<br>Larry King   |  |
| The Makah Tribe provides prevention services with Government-to-Government contract dollars but is having difficulty with reporting activities into the prevention MIS system as required.    | <p>03/31/2005 – Prevention program goals and objectives will be identified. Prevention programs activities will be entered in the prevention MIS system.</p> <p>06/30/2005 – Will have provided T/A on how to report prevention services into the MIS system.</p> | The Makah Tribe will report prevention activities billed to the Government-to-Government contract into the prevention MIS system. | DASA Region 6 Administrator<br>Heidi Dodd, DASA Region 6 Prevention Manager<br>Larry King | 12/31/2006 – DASA will support a Prevention staff to attend SAPTS training.          |
| The Makah Tribe provides treatment services with Government-to-Government and MOA contract dollars but is having difficulty with reporting activities into the TARGET MIS system as required. | <p>06/03/2005 – Will have provided TA on how to report treatment services in the TARGET system.</p> <p>06/30/2005 – Will have provided T/A on how to report treatment services into the TARGET MIS system.</p>  | The Makah Tribe will report prevention activities billed to the Government-to-Government contract into the prevention MIS system. | DASA Region 6 Administrator<br>Heidi Dodd, DASA Region 6 Prevention Manager<br>Larry King | 12/31/06 Provide T/A on how to report treatment services into the TARGET MIS system. |

## Policy 7.01 Plan – Action Plan

### Nisqually Tribe

| Implementation Plan  |  |  |   | Progress Report  |
|--|--|--|---|--|
| (1) Goals/Objectives   | (2) Activities   | (3) Expected Outcome   | (4) Lead Staff  | (5) Status Update for the Fiscal Year Starting Last July 1   |
| Nisqually Tribe experienced delays and logistical issues in accessing the state ADATSA Treatment system.       | 03/31/2004 – Completed the initial policy development meeting between the tribe, state and ADATSA assessment center.<br>06/30/2004 – Tribe will provide ADATSA assessments via the fast track program.   | Nisqually Tribe will participate in the Tribal ADATSA Fast Track Program.                          | Region 6 Administrator<br>Kelly Moore,<br>Nisqually Tribe Program Director      | The tribal CD program director will continue to work with the tribe to ensure continued participation in the ADATSA fast track program.  |
| Nisqually Tribe currently is not providing prevention services with Government-to-Government contract dollars. | 03/31/2004 – Prevention program goals, objectives will be identified. Prevention programs will be identified.<br>06/30/2004 – Will be providing prevention services.<br>02/2006 – Will work with DASA prevention manager to address needs in the community.  | Nisqually Tribe will provide prevention activities with Government-to-Government contract dollars. | DASA Region 6 Administrator<br>Kelly Moore,<br>Nisqually Tribe Program Director | 2004-2005 Tribe is providing prevention services and has already billed over 35% of the contract.<br>2005-2006 Tribe is in a period of reorganization and has not had an opportunity to meet with the DASA prevention manager to discuss prevention goals. |
| The Nisqually Tribe has identified the need to become an ADATSA assessment and treatment provider.             | 03/31/2005 – DASA will provide the information that is required to be in the tribal resolution.<br>06/30/2005 – Tribe will have provided DASA with the resolution stating they want to move forward with ADATSA. DASA will have issued an ADATSA contract to the tribe.<br>09/30/2005 – DASA will have completed the internal process to determine if the Nisqually Tribe meets the requirements to be an ADATSA service provider. | The Nisqually Tribe will be a certified ADATSA assessment and treatment provider.                  | DASA Region 6 Administrator<br>Kelly Moore,<br>Nisqually Tribe Program Director | The Nisqually Tribe is in the process of becoming recertified. Once that is complete, the tribe will submit a tribal resolution to serve ADATSA-eligible clients.  |

| Policy 7.01 Plan – Action Plan  |   |   |  |   |
|---|---|---|--|---|
| Nisqually Tribe   |   |   |  |   |
| Implementation Plan   |   |   |  | Progress Report   |
| (1) Goals/Objectives  | (2) Activities  | (3) Expected Outcome  | (4) Lead Staff   | (5) Status Update for the Fiscal Year Starting Last July 1  |
| The Nisqually Tribe has requested assistance with exploring the possibility of opening a Native American Oxford House on tribal land. | 12/31/2005 – DASA will have met with the tribe and explored this opportunity as part of a long-term goal for the tribe and state. | Nisqually Tribe will be provided with the information to determine if they want to move forward with the development of a Native American Oxford House as a long-term goal. | DASA Region 6 Administrator<br>Kelly Moore,<br>Nisqually Tribe<br>Program Director | 2/2006 – Oxford Housing does not allow funding for culturally specific housing. DASA discussed option with tribe of exploring funding opportunities with HUD or the Indian Block Grant. |

## Policy 7.01 – Action Plan

### Quileute Tribe

| Implementation Plan  |   |   |   | Progress Report  |
|--|---|---|---|--|
| (1) Goals/Objectives   | (2) Activities  | (3) Expected Outcome  | (4) Lead Staff  | (5) Status Update for the Fiscal Year Starting Last July 1   |
| Quileute Tribe is requesting technical assistance from the RA to update program manuals to meet the revised WAC 388-805.   | Manuals will pass the DASA Certification Section review.<br>03/31/2004 – Have manuals updated and reviewed by agency personnel.<br>06/30/2004 – Complete a mock certification review by the DASA RA.  | Provide T/A to ensure that the program manuals are updated and meet revised WAC codes.  | DASA Region 6 Administrator<br>Kevin McCall<br>Quileute Tribe Program Director  | RESOLVED. Tribe CD program passed DASA certification review. |
| The Quileute Tribe currently is providing prevention services with Government-to-Government contract dollars but having difficulty with reporting activities into the prevention MIS system as required. | 04/30/2005 – Prevention program goals and objectives will be identified. Prevention programs activities will be entered in the prevention MIS system.<br>06/30/2005 – Will be providing T/A on how to report prevention services into the MIS system. | 04/30/2005 – Prevention program goals and objectives will be identified. Prevention programs activities will be entered in the prevention MIS system.<br>06/30/2005 – Will be providing T/A on how to report prevention services into the MIS system. | DASA Region 6 Administrator<br>DASA Region 6 Prevention Manager<br>Shirley Anderson<br>Director, Tribal Social Services |  |
| No Reported Concerns for 2006.   |   |   |   |  |

## Policy 7.01 Plan – Action Plan

### Quinault Tribe

| Implementation Plan  |   |   |   | Progress Report  |
|--|---|---|---|--|
| (1) Goals/Objectives   | (2) Activities  | (3) Expected Outcome  | (4) Lead Staff  | (5) Status Update for the Fiscal Year Starting Last July 1             |
| Quinault Tribe currently is providing prevention services with Government-to-Government contract dollars but would like to improve on the quality of service being provided.   | <p>03/31/2004 – Will have scheduled meeting between the tribe and DASA Region 6 prevention manager to discuss and identify prevention best practice programs for the tribe.</p> <p>06/30/2004 – Will have revised the tribe's prevention goals and objectives to meet the requirements of the identified programs.</p> <p>09/30/2004 – Will be providing prevention services that meet best practice standards.</p> | Quinault Tribe will provide best practice prevention activities with Government-to-Government contract dollars. | <p>DASA Region 6 Administrator</p> <p>DASA Region 6 Prevention Manager</p> <p>Dave Hagan<br/>Quinault Tribe<br/>Program Manager</p> | RESOLVED. Will have the prevention program completed by June 30, 2005. |
| Quinault Tribe is requesting assistance from the DASA RA to work with the program staff to develop cohesiveness among the employees to improve the treatment services offered. | <p>03/31/2004 – Will identify a date and location for the team building retreat.</p> <p>06/30/2004 – Will have developed agenda and activities for the team building retreat.</p> <p>09/30/2004 – Will have completed the team building retreat.</p>  |   | <p>DASA Region 6 Administrator</p> <p>Dave Hagan<br/>Quinault Tribe<br/>Program Manager</p>   | RESOLVED. The tribe is no longer requesting this assistance.           |

## Policy 7.01 Plan – Action Plan

### Quinault Tribe

| Implementation Plan  |  |  |  | Progress Report  |
|--|--|--|--|--|
| (1) Goals/Objectives   | (2) Activities   | (3) Expected Outcome   | (4) Lead Staff   | (5) Status Update for the Fiscal Year Starting Last July 1 |
| The Quinault Tribe has had difficulty with Government-to-Government and Title XIX billing.   | <p>03/31/2005 – Tribe will have reviewed client files and identified all potential billable occurrences.</p> <p>06/30/2005 – Have completed Government-to-Government contract billing back to 07/01/2004.</p> <p>09/30/2005 – Have completed all Title XIX billing for all eligible services back one year.</p> <p>12/31/2005 – Complete on-site TARGET/Title XIX review to verify services.</p> | The Quinault Tribe will have billed the Government-to-Government 100% and have started billing Title XIX via electronic procedures.  | <p>DASA Region 6 Administrator</p> <p>Dave Hagan<br/>Quinault Tribe<br/>Program Manager</p>  |  |
| The Quinault Tribe currently is providing prevention services with Government-to-Government contract dollars but having difficulty with reporting activities into the prevention MIS system as required. | <p>03/31/2005 – Prevention program goals and objectives will be identified. Prevention programs activities will be entered in the prevention MIS system.</p> <p>06/30/2005 – Will be providing T/A on how to report prevention services in to the MIS system.</p>  | The Quinault Tribe will report prevention activities billed to the Government-to-Government contract into the prevention MIS system. | <p>DASA Region 6 Administrator</p> <p>Pam Darby, DASA Region 6 Prevention Manager</p> <p>Dave Hagan<br/>Quinault Tribe<br/>Program Manager</p> |  |
| No reported concerns for 2006.   |  |  |  |  |

| Policy 7.01 Plan – Action Plan   |  |   |  |   |
|--|--|---|--|---|
| Shoalwater Bay Tribe   |  |   |  |   |
| Implementation Plan  |  |   |  | Progress Report   |
| (1) Goals/Objectives   | (2) Activities   | (3) Expected Outcome  | (4) Lead Staff   | (5) Status Update for the Fiscal Year Starting Last July 1  |
| No Issues were identified by the tribe for either the prevention or treatment programs.                                      |  | Will meet with the tribe again in one year to identify any new issues.  |  |   |
| The Shoalwater Bay Tribe has had difficulty with Government-to-Government and Title XIX billing.                             | 03/31/2005 – Tribe will have reviewed client files and identified all potential billable occurrences.<br>06/30/2007 – Will have all billings current.  | The Shoalwater Bay Tribe will have billed the Government-to-Government 100% and have started billing Title XIX via electronic procedures. | DASA Region 6 Administrator<br>Holly Blake, Prevention Program Director<br>Gary Hill, Treatment Program Director | 06/30/2005 –Completed Government-to-Government contract billing back to 07/01/2004.<br>09/30/2005 – Completed all Title XIX billing for all eligible services back one year.<br>12/31/2005 – Complete on-site TARGET/Title XIX review to verify services. |
| The Shoalwater Bay Tribe has requested assistance with ascertaining information pertaining to available grant opportunities. | 12/31/2005 – DASA will provide the Shoalwater Bay Tribe with all grant information we receive.<br>12/31/06 DASA will ensure that the appropriate tribal individuals are added to the email listserves. | Tribe will receive more information on all grant opportunities.   | DASA Region 6 Administrator<br>Sandra Mena, DASA Native American Liaison<br>Carol Johnson, Tribal Administrator  |   |
| Ensure that all contracts are sent to the appropriate contracts' staff for signature.  | All Government-to-Government Contracts for Prevention are submitted to the Tribal Administrator and Treatment Contracts to the Social Services Director.   | Timely signing of contracts.  | DASA Region 6 Administrator<br>Sandra Mena, DASA Native American Liaison<br>Carol Johnson, Tribal Administrator  |   |

**Policy 7.01 Plan – Action Plan**

**Shoalwater Bay Tribe**

| Implementation Plan  |  |   |   | Progress Report  |
|--|--|---|---|--|
| (1) Goals/Objectives   | (2) Activities   | (3) Expected Outcome  | (4) Lead Staff  | (5) Status Update for the Fiscal Year Starting Last July 1 |
| The tribe has had difficulty with the DASA data information systems. | DASA will provide technical assistance on the PBPS and TARGET systems.<br>DASA will send information about training dates for these two systems. | Timely and accurate information regarding prevention and treatment services.                    | DASA Region 6 Administrator<br>Holly Blake, Prevention Program Director<br>Gary Hill, Treatment Program Director<br>Carol Johnson, Tribal Administrator |  |
| The tribe would like to be able to serve more ADATSA clients.        | DASA will work with the CSO to understand the Tribal Fast Tracks process for ADATSA eligibility.   | Better working relationship with the local CSO.<br>Provide services to ADATSA eligible clients. | DASA Region 6 Administrator<br>Gary Hill, Treatment Program Director  |  |



| Policy 7.01 Plan – Action Plan  |   |   |  |   |
|---|---|---|--|---|
| Skokomish Tribe   |   |   |  |   |
| Implementation Plan   |   |   |  | Progress Report   |
| (1) Goals/Objectives  | (2) Activities  | (3) Expected Outcome  | (4) Lead Staff   | (5) Status Update for the Fiscal Year Starting Last July 1  |
| The Skokomish Tribe has requested assistance with exploring the possibility of opening a Native American Oxford House on tribal land.                     | Explore opportunity as part of a long-term goal for the tribe and state.              | The Skokomish Tribe will be provided with the information to determine if they want to move forward with the development of a Native American Oxford House as a long-term goal. | DASA Region 6 Administrator<br>Carlos Arroyo<br>Treatment Program Director<br>360-426-7788 | 12/31/2005 – DASA will have met with the tribe and explored this opportunity as part of a long-term goal for the tribe and state.   |
| The Skokomish Tribe is requesting assistance in meeting certification requirements for all treatment modalities. To include IOP, DUI Assessment, and ADIS | 03/31/2005 - Manuals will be reviewed and updated to meet certification requirements. | The Skokomish Tribe will be certified by DASA for identified treatment modalities.  | DASA Region 6 Administrator<br>Carlos Arroyo<br>Treatment Program Director<br>360-426-7788 | 06/30/2005 - The Skokomish Tribe will have completed the application process and applied to DASA for certification.<br>09/30/2005 – The Skokomish Tribe will have completed the hiring process for the new treatment modalities.<br>12/31/2005 – Program will have admitted clients.<br>06/30/2006 – Skokomish Tribe will submit all necessary information and documents to become certified in all modalities. |

**Policy 7.01 Plan – Action Plan**

**Skokomish Tribe**

| <b>Implementation Plan</b>   |  |  |  | <b>Progress Report</b>  |
|--|--|--|--|---|
| <b>(1) Goals/Objectives</b>  | <b>(2) Activities</b>  | <b>(3) Expected Outcome</b>  | <b>(4) Lead Staff</b>  | <b>(5) Status Update for the Fiscal Year Starting Last July 1</b>   |
| The Skokomish Tribe has identified the need to become an ADATSA assessment and treatment provider.                             | 03/31/2005 – DASA will provide to the tribe the information that is required to be in the tribal resolution.<br>06/30/2005 – Tribe will have provided DASA with the resolution stating they want to move forward with ADATSA. DASA will have issued an ADATSA contract to the tribe.<br>09/30/2005 – Tribal program will be providing ADATSA services. | The Skokomish Tribe will be a certified ADATSA assessment and treatment provider.                            | DASA Region 6 Administrator<br>Carlos Arroyo<br>Treatment Program Director<br>360-426-7788 | Skokomish Tribes received a contract for the 2005-2007 Biennium to provide services to ADATSA eligible clients. |
| The Skokomish Tribe has identified the need to provide services to Title XIX eligible non-natives in their treatment facility. | 03/31/2005 – DASA will provide the tribe with the information required to request this type of contract.<br>06/30/2005 – Tribe will provide DASA with the request to provide the non-native MOA contract.<br>12/30/2006 – Tribal program will bill for services to provide to Title XIX eligible non-native in their treatment facility.               | The Skokomish Tribe will be providing services to Title XIX eligible non-native in their treatment facility. | DASA Region 6 Administrator<br>Carlos Arroyo<br>Treatment Program Director<br>360-426-7788 |   |

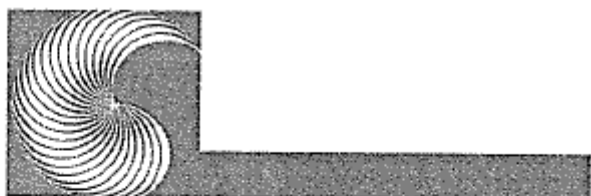
| Policy 7.01 Plan – Action Plan   |  |                      |                |   |
|--|--|----------------------|----------------|---|
| Squaxin Island Tribe   |  |                      |                |   |
| Implementation Plan  |  |                      |                | Progress Report   |
| (1) Goals/Objectives   | (2) Activities                             | (3) Expected Outcome | (4) Lead Staff | (5) Status Update for the Fiscal Year Starting Last July 1                  |
| No Issues were identified by the tribe for either the prevention or treatment programs.  |  |                      |                | Will meet with the tribe again in one year to identify any new issues.      |
| The Squaxin Island Tribe-Northwest Indian Treatment Center has requested the non-native encounter rate issue be placed in the 7.01 plan. | This is an agency issue and moved forward. |                      |                | Since this is a statewide issue it will be addressed in the DASA 7.01 plan. |

## **APPENDICES**

- Appendix A: Chart showing Current Need for Treatment for all Adults in Washington State
- Appendix B: Chart showing Estimates of Current Need for Substance Abuse Treatment for Adults in Households at or below the 200% Federal Poverty Level
- Appendix C: Chart showing Racial and Ethnic Minorities Comprise 37% of Adult Admissions to DASA-funded Chemical Dependency Treatment Services
- Appendix D: DASA-TA Adult Outpatient Treatment Completion
- Appendix E: Chart showing Lifetime Use of Alcohol
- Appendix F: Chart showing Lifetime Use of Illicit Drugs Other Than Marijuana
- Appendix G: Chart showing Racial and Ethnic Minorities Comprise 43% of Youth Admissions to DASA-funded Chemical Dependency Treatment Services
- Appendix H: DASA-TA Youth Outpatient Treatment Completion
- Appendix I: Contacts and Programs - Native American Tribes and Urban Indian Organizations
- Appendix J: DASA Regional Organizational Chart
- Appendix K: Agreement of Communication

### **Appendix A:**

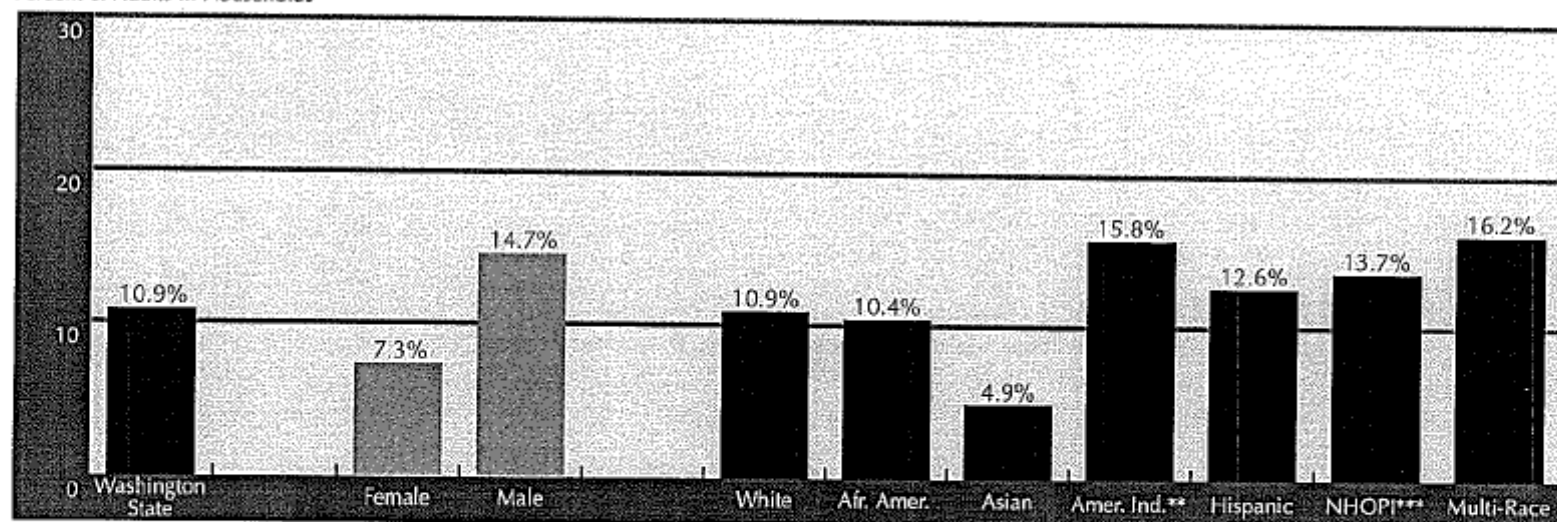
Chart showing Current Need for Treatment for All Adults in Washington State



## More than One Out of Ten Washington State Adult Residents is in Need of Chemical Dependency Treatment.\*

### Current Need for Treatment

Percent of Adults in Households



Source: *Substance Abuse, Substance Use Disorders, and Need for Treatment in Washington State: Preliminary Findings from the 2003 Washington State Needs Assessment Household Survey*. Olympia, WA: Washington State Department of Social and Health Services, Research and Data Analysis Division, May 2004.

\* For definition of Current Need for Treatment, see page 176.

\*\* American Indian Includes Alaskan Natives.

\*\*\* Native Hawaiian or Pacific Islander.

### **Appendix B:**

Chart showing Estimates of Current Need for Substance Abuse Treatment  
for Adults in Households at or below the 200% Federal Poverty Level

## Estimates of Current Need for Substance Abuse Treatment in Washington State, 2003

| GROUP          | Adult Household Residents |                           |                           | Adults In Household at or below<br>200% of Federal Poverty Level |                           |                           |
|----------------|---------------------------|---------------------------|---------------------------|--|---------------------------|---------------------------|
|                | Population                | #<br>Needing<br>Treatment | %<br>Needing<br>Treatment | Population   | #<br>Needing<br>Treatment | %<br>Needing<br>Treatment |
| Total          | 4,400,316                 | 478,846                   | 10.9%                     | 1,058,918  | 144,278                   | 13.6%                     |
| AGE            |                           |                           |                           |  |                           |                           |
| 18-24          | 510,517                   | 115,446                   | 22.6%                     | 217,524  | 55,193                    | 25.4%                     |
| 25-44          | 1,751,416                 | 235,960                   | 13.5%                     | 439,524  | 62,114                    | 14.1%                     |
| 45-64          | 1,497,819                 | 116,099                   | 7.8%                      | 216,555  | 21,302                    | 9.8%                      |
| 65+            | 640,564                   | 11,342                    | 1.8%                      | 185,315  | 5,670                     | 3.1%                      |
| SEX            |                           |                           |                           |  |                           |                           |
| Male           | 2,146,952                 | 315,469                   | 14.7%                     | 461,923  | 98,974                    | 21.4%                     |
| Female         | 2,253,364                 | 163,376                   | 7.3%                      | 596,994  | 45,304                    | 7.6%                      |
| RACE/ETHNICITY |                           |                           |                           |  |                           |                           |
| White-NH       | 3,592,265                 | 392,882                   | 10.9%                     | 732,678  | 106,054                   | 14.7%                     |
| Black-NH       | 121,115                   | 12,637                    | 10.4%                     | 40,917   | 4,757                     | 11.6%                     |
| Asian          | 246,424                   | 12,000                    | 4.9%                      | 81,624   | 3,116                     | 3.8%                      |
| Amer. Indian*  | 56,055                    | 8,873                     | 15.8%                     | 23,898   | 5,273                     | 22.1%                     |
| NHOPI**        | 12,254                    | 1,683                     | 13.7%                     | 4,610  | 636                       | 13.8%                     |
| Multi-Race     | 104,862                   | 17,010                    | 16.2%                     | 34,716   | 7,590                     | 21.9%                     |
| Hispanic       | 267,343                   | 33,761                    | 12.6%                     | 149,475  | 16,853                    | 11.3%                     |
| MARITAL        |                           |                           |                           |  |                           |                           |
| Married        | 2,620,202                 | 208,445                   | 8.0%                      | 455,415  | 44,929                    | 9.9%                      |
| Div/Sep        | 649,928                   | 72,709                    | 11.2%                     | 211,992  | 23,010                    | 10.9%                     |
| Widowed        | 257,456                   | 10,160                    | 3.9%                      | 104,004  | 3,765                     | 3.6%                      |
| Never Mar      | 872,730                   | 187,531                   | 21.5%                     | 287,507  | 72,575                    | 25.2%                     |
| EDUCATION      |                           |                           |                           |  |                           |                           |
| Not HS Grad    | 354,637                   | 40,723                    | 11.5%                     | 211,817  | 23,040                    | 10.9%                     |
| HS Graduate    | 4,045,679                 | 438,123                   | 10.8%                     | 847,101  | 121,238                   | 14.3%                     |
| POVERTY        |                           |                           |                           |  |                           |                           |
| Below 200%     | 1,058,918                 | 144,278                   | 13.6%                     | 1,058,918  | 144,278                   | 13.6%                     |
| Above 200%     | 3,341,399                 | 334,567                   | 10.0%                     | -  | -                         | -                         |

\*American Indian includes Alaskan Native.

\*\*Native Hawaiian or Pacific Islander

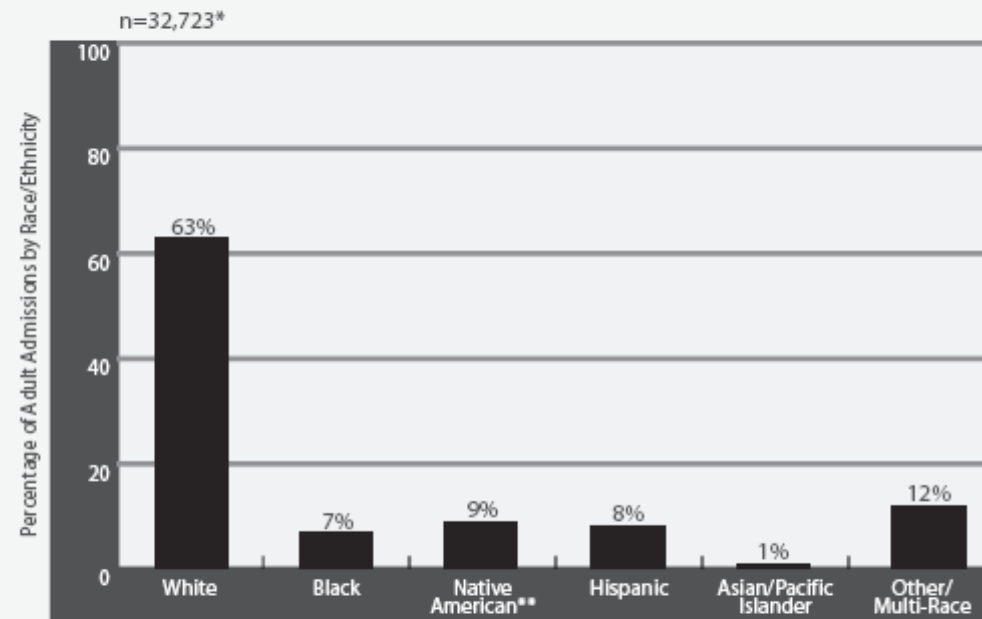
Source: Washington State Department of Social and Health Services, Research and Data Analysis Division, 2004.



**Appendix C:**

Chart showing Racial and Ethnic Minorities Comprise 37% of Adult Admissions to DASA-funded  
Chemical Dependency Treatment Services

## Racial and Ethnic Minorities Comprise 37% of Adult Admissions to DASA-Funded Chemical Dependency Treatment Services.



Source: Treatment and Assessment Report Generation Tool (TARGET), Division of Alcohol and Substance Abuse, Department of Social and Health Services.

This graph indicates that racial/ethnic minorities comprise approximately 37% of adult admissions to DASA-funded chemical dependency treatment. Percentages of adults from different groups receiving DASA-funded treatment vary across modalities.

\* In the U.S. Census, "Hispanic" is listed as an ethnicity, rather than as a racial group. Hence, Hispanic admissions may be duplicated in the racial categories.

\*\* Includes Eskimo/Alaskan Native/Aleut

**Appendix D:**  
DASA-TA Adult Outpatient Treatment Completion

**DASA-TA**  
**Outpatient<sup>1</sup> Treatment Completion**  
**Discharge between January 2005 and January 2006**  
**Adult Public-Pay Clients - Statewide**

|                          |                    |                  |        |  |        | Completion Status      |                   |                            |                   |                              |                |       |
|--------------------------|--------------------|------------------|--------|--|--------|------------------------|-------------------|----------------------------|-------------------|------------------------------|----------------|-------|
|                          |                    | Total Discharges |        | Discharges Used in Completion Calculation <sup>2</sup> |        | Completed <sup>3</sup> |                   | Non-Completed <sup>4</sup> |                   | Median Length of Stay (Days) |                |       |
|                          |                    | N                | %      | N  | %      | N                      | Rate <sup>5</sup> | N                          | Rate <sup>5</sup> | Completers                   | Non-Completers | All   |
| <b>Total</b>             |                    | 25,164           | 100.0% | 19,481   | 100.0% | 8,222                  | 42.2%             | 11,259                     | 57.8%             | 210.0                        | 83.0           | 106.0 |
| <b>Race/Ethnicity</b>    | White              | 16,682           | 66.3%  | 12,827   | 65.8%  | 5,561                  | 43.4%             | 7,266                      | 56.6%             | 204.0                        | 81.0           | 104.0 |
|                          | African American   | 1,951            | 7.8%   | 1,497  | 7.7%   | 495                    | 33.1%             | 1,002                      | 66.9%             | 108.0                        | 72.0           | 88.0  |
|                          | Native American    | 2,465            | 9.8%   | 1,914  | 9.8%   | 619                    | 32.3%             | 1,295                      | 67.7%             | 212.0                        | 94.0           | 108.0 |
|                          | Asian/PI           | 400              | 1.6%   | 319  | 1.6%   | 137                    | 42.9%             | 182                        | 57.1%             | 277.0                        | 102.0          | 120.0 |
|                          | Hispanic           | 2,539            | 10.1%  | 2,062  | 10.6%  | 1,066                  | 51.7%             | 996                        | 48.3%             | 272.0                        | 92.0           | 157.0 |
|                          | Other <sup>6</sup> | 1,127            | 4.5%   | 862  | 4.4%   | 344                    | 39.9%             | 518                        | 60.1%             | 185.5                        | 78.0           | 92.0  |
| <b>Age at Admission</b>  | 18-29              | 9,621            | 38.2%  | 7,534  | 38.7%  | 2,935                  | 39.0%             | 4,599                      | 61.0%             | 206.0                        | 81.0           | 102.0 |
|                          | 30-44              | 11,026           | 43.8%  | 8,484  | 43.6%  | 3,583                  | 42.2%             | 4,901                      | 57.8%             | 211.0                        | 83.0           | 105.0 |
|                          | 45-54              | 3,724            | 14.8%  | 2,844  | 14.6%  | 1,339                  | 47.1%             | 1,505                      | 52.9%             | 204.0                        | 84.0           | 107.0 |
|                          | 55-64              | 879              | 2.7%   | 526  | 2.7%   | 295                    | 56.1%             | 231                        | 43.9%             | 214.0                        | 105.0          | 141.0 |
|                          | 65+                | 114              | 0.5%   | 93   | 0.5%   | 70                     | 75.3%             | 23                         | 24.7%             | 260.5                        | 106.0          | 212.5 |
| <b>Gender</b>            | Female             | 10,006           | 39.8%  | 7,678  | 39.4%  | 2,983                  | 38.9%             | 4,695                      | 61.1%             | 225.0                        | 81.0           | 105.0 |
|                          | Male               | 15,158           | 60.2%  | 11,803   | 60.6%  | 5,239                  | 44.4%             | 6,564                      | 55.6%             | 203.0                        | 84.0           | 106.0 |
| <b>Primary Substance</b> | Alcohol            | 12,289           | 48.8%  | 9,691  | 49.7%  | 4,775                  | 49.3%             | 4,916                      | 50.7%             | 230.0                        | 93.0           | 129.0 |
|                          | Marijuana          | 3,649            | 14.5%  | 2,888  | 14.8%  | 1,105                  | 38.3%             | 1,783                      | 61.7%             | 204.0                        | 82.0           | 105.0 |
|                          | Methamphetamines   | 5,096            | 20.3%  | 3,867  | 19.9%  | 1,364                  | 35.3%             | 2,503                      | 64.7%             | 188.0                        | 71.0           | 90.0  |
|                          | Cocaine            | 2,185            | 8.7%   | 1,587  | 8.1%   | 516                    | 32.5%             | 1,071                      | 67.5%             | 108.0                        | 75.0           | 88.0  |
|                          | Heroin             | 893              | 3.5%   | 653  | 3.4%   | 200                    | 30.6%             | 453                        | 69.4%             | 112.0                        | 77.0           | 84.0  |
|                          | Other              | 1,052            | 4.2%   | 795  | 4.1%   | 262                    | 33.0%             | 533                        | 67.0%             | 227.5                        | 84.0           | 94.0  |

**Notes:**

<sup>1</sup> Outpatient modalities include Outpatient, Intensive Outpatient, Group Care Enhancement and MICA Outpatient.

<sup>2</sup> Certain discharges are not included in the calculation of completion. They include those with values in the discharge type field of 1) client died, 2) funds exhausted, 3) inappropriate admission, 4) incarcerated, 5) moved, 6) transferred to a different facility, 7) withdrew with program advice, 8) administrative closure, 9) not collected, 10) Charitable Choice and 11) other.

<sup>3</sup> Discharges where the value in the discharge type field is "completed"

<sup>4</sup> Discharges where the values in the discharge type field include 1) not amenable to treatment/lacks engagement, 2) no contact/abort, 3) rule violation and 4) withdrew against program advice

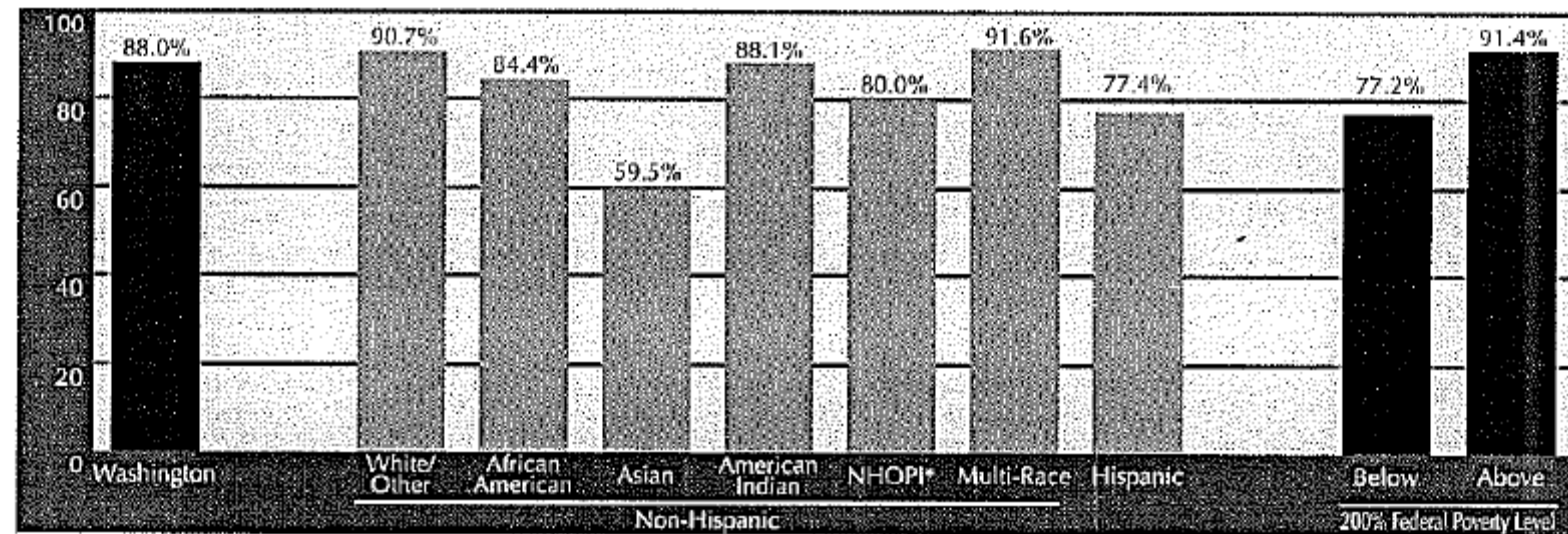
<sup>5</sup> Numerator=the number of completers (or non-completers). Denominator=the number of discharges used in the completion calculation

<sup>6</sup> "Other" includes clients indicating multiple race and those with unspecified race values.

**Appendix E:**  
Chart showing Lifetime Use of Alcohol

## Lifetime Use of Alcohol

Percent of Adults in Households

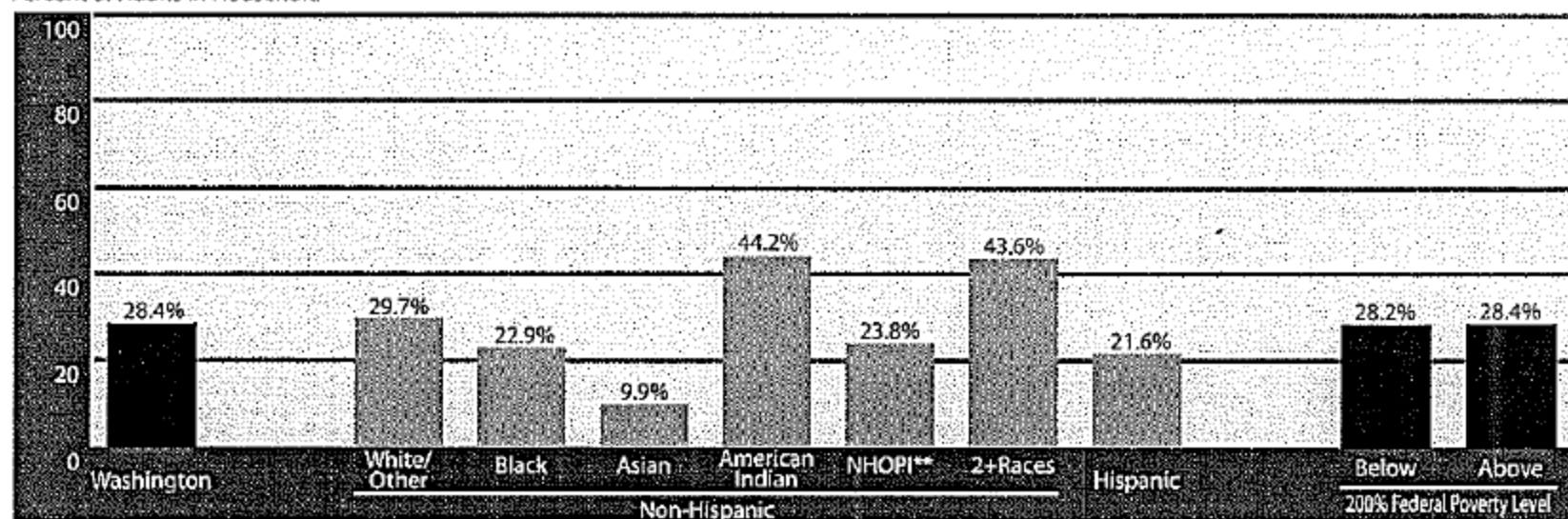


## **Appendix F:**

Chart showing Lifetime Use of Illicit Drugs Other Than Marijuana

## Lifetime Use of Illicit Drugs Other than Marijuana

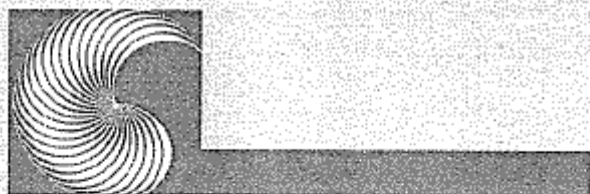
Percent of Adults in Household



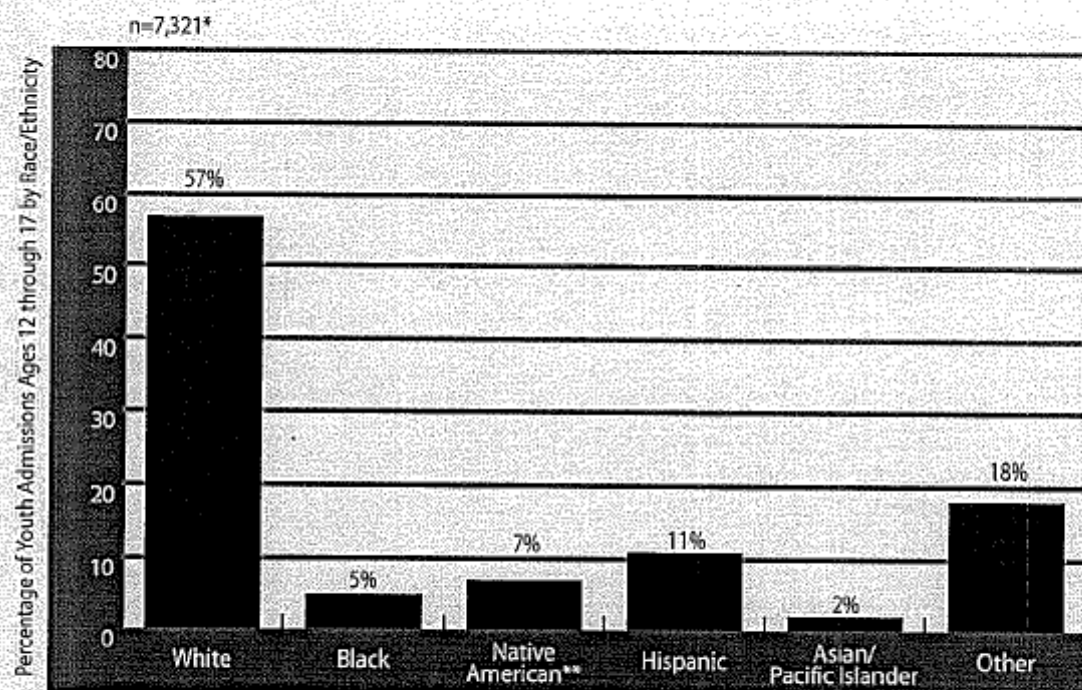


**Appendix G:**

Chart showing Racial and Ethnic Minorities Comprise 43% of Youth Admissions  
to DASA-funded Chemical Dependency Treatment Services



## Racial and Ethnic Minorities Comprise 43% of Youth Admissions to DASA-Funded Chemical Dependency Treatment Services.



Source: Treatment and Assessment Report Generation Tool (TARGET), Division of Alcohol and Substance Abuse, Department of Social and Health Services.

This graph indicates that racial/ethnic minorities comprised approximately 43% of youth admissions to DASA-funded chemical dependency treatment in SFY 2004. Percentages of youth from different groups receiving DASA-funded treatment vary across modalities.

\* In the U.S. Census, "Hispanic" is listed as an ethnicity, rather than as a racial group. Hence, Hispanic admissions may be duplication in the racial categories.

\*\* Includes Eskimo/Alaskan Native/Aleut

**Appendix H:**  
DASA-TA Youth Outpatient Treatment Completion

**DASA-TA**  
**Outpatient<sup>1</sup> Treatment Completion**  
**Discharge between January 2005 and January 2006**  
**Youth Public-Pay Clients - Statewide**

|                   |                    |                  |        |  |        | Completion Status      |                   |                            |                   |                              |                |       |
|-------------------|--------------------|------------------|--------|--|--------|------------------------|-------------------|----------------------------|-------------------|------------------------------|----------------|-------|
|                   |                    | Total Discharges |        | Discharges Used in Completion Calculation <sup>2</sup> |        | Completed <sup>3</sup> |                   | Non-Completed <sup>4</sup> |                   | Median Length of Stay (Days) |                |       |
|                   |                    | N                | %      | N  | %      | N                      | Rate <sup>5</sup> | N                          | Rate <sup>5</sup> | Completers                   | Non-Completers | All   |
| Total             |                    | 5,044            | 100.0% | 3,493  | 100.0% | 1,410                  | 40.4%             | 2,083                      | 59.6%             | 149.0                        | 99.0           | 106.0 |
| Race/Ethnicity    | White              | 3,153            | 62.5%  | 2,118  | 60.6%  | 906                    | 42.8%             | 1,212                      | 57.2%             | 145.0                        | 95.5           | 104.0 |
|                   | African American   | 308              | 6.1%   | 214  | 6.1%   | 76                     | 35.5%             | 138                        | 64.5%             | 142.0                        | 118.5          | 120.0 |
|                   | Native American    | 334              | 6.6%   | 233  | 6.7%   | 82                     | 35.2%             | 151                        | 64.8%             | 195.0                        | 151.0          | 142.0 |
|                   | Asian/PI           | 112              | 2.2%   | 85   | 2.4%   | 43                     | 50.6%             | 42                         | 49.4%             | 158.0                        | 113.5          | 123.0 |
|                   | Hispanic           | 716              | 14.2%  | 555  | 15.9%  | 185                    | 33.3%             | 370                        | 66.7%             | 157.0                        | 78.5           | 95.5  |
|                   | Other <sup>6</sup> | 421              | 8.3%   | 288  | 8.2%   | 118                    | 41.0%             | 170                        | 59.0%             | 144.0                        | 107.0          | 103.0 |
| Age at Admission  | 12 and under       | 76               | 1.5%   | 51   | 1.5%   | 28                     | 54.9%             | 23                         | 45.1%             | 201.0                        | 138.0          | 164.0 |
|                   | 13                 | 230              | 4.6%   | 155  | 4.4%   | 68                     | 43.9%             | 87                         | 56.1%             | 143.5                        | 114.0          | 121.5 |
|                   | 14                 | 631              | 12.5%  | 412  | 11.8%  | 153                    | 37.1%             | 259                        | 62.9%             | 146.0                        | 115.0          | 115.0 |
|                   | 15                 | 1,226            | 24.3%  | 859  | 24.6%  | 307                    | 35.7%             | 552                        | 64.3%             | 161.0                        | 98.0           | 107.5 |
|                   | 16                 | 1,444            | 28.6%  | 1,011  | 28.9%  | 426                    | 42.1%             | 585                        | 57.9%             | 156.0                        | 93.0           | 104.0 |
|                   | 17                 | 1,437            | 28.5%  | 1,005  | 28.8%  | 428                    | 42.6%             | 577                        | 57.4%             | 135.0                        | 94.0           | 99.0  |
| Gender            | Female             | 1,786            | 35.4%  | 1,279  | 36.6%  | 527                    | 41.2%             | 752                        | 58.8%             | 157.0                        | 97.5           | 111.0 |
|                   | Male               | 3,258            | 64.6%  | 2,214  | 63.4%  | 883                    | 39.9%             | 1,331                      | 60.1%             | 141.0                        | 99.0           | 105.0 |
| Primary Substance | Alcohol            | 1,074            | 21.3%  | 788  | 22.6%  | 390                    | 49.5%             | 398                        | 50.5%             | 142.0                        | 99.5           | 112.0 |
|                   | Marijuana          | 3,220            | 63.8%  | 2,235  | 64.0%  | 855                    | 38.3%             | 1,380                      | 61.7%             | 148.0                        | 99.0           | 107.0 |
|                   | Methamphetamines   | 465              | 9.2%   | 284  | 8.1%   | 93                     | 32.7%             | 191                        | 67.3%             | 178.0                        | 88.0           | 84.0  |
|                   | Cocaine            | 84               | 1.7%   | 56   | 1.6%   | 17                     | 30.4%             | 39                         | 69.6%             | 198.0                        | 111.0          | 127.5 |
|                   | Heroin             | 13               | 0.3%   | 6  | 0.2%   | 2                      | 33.3%             | 4                          | 66.7%             | 183.5                        | 91.5           | 68.0  |
|                   | Other              | 188              | 3.7%   | 124  | 3.5%   | 53                     | 42.7%             | 71                         | 57.3%             | 169.0                        | 95.0           | 111.0 |

**Notes:**

<sup>1</sup> Outpatient modalities include Outpatient, Intensive Outpatient, Group Care Enhancement and MICA Outpatient.

<sup>2</sup> Certain discharges are not included in the calculation of completion. They include those with values in the discharge type field of 1) client died, 2) funds exhausted, 3) inappropriate admission, 4) incarcerated, 5) moved, 6) transferred to a different facility, 7) withdrew with program advice, 8) administrative closure, 9) not collected, 10) Charitable Choice and 11) other.

<sup>3</sup> Discharges where the value in the discharge type field is "completed"

<sup>4</sup> Discharges where the values in the discharge type field include 1) not amenable to treatment/lacks engagement, 2) no contact/abort, 3) rule violation and 4) withdrew against program advice

<sup>5</sup> Numerator=the number of completers (or non-completers), Denominator=the number of discharges used in the completion calculation

<sup>6</sup> "Other" includes clients indicating multiple race and those with unspecified race values.

**Appendix I:**  
Contacts and Programs  
Native American Tribes and Urban Indian Organizations

**CONTACTS AND PROGRAMS**  
**Native American Tribes and Urban Indian Organizations**

| Tribe/Urban Program   | Contacts   | Services  |
|---|--|---|
| <b>REGION 1</b>   |  |   |
| American Indian Community Center (AICC)                           | Sophie Tonasket<br><a href="mailto:sophiet@aiccinc.com">sophiet@aiccinc.com</a>  | <ul style="list-style-type: none"> <li>• Special Projects</li> </ul>  |
| Colville Tribal Alcohol/Drug Program                              | Harvey Moses, Jr., Tribal Chair<br>Martin Bohl,<br><a href="mailto:Martin.bohl@colvilletribes.com">Martin.bohl@colvilletribes.com</a><br>Charlene Sam, Treatment<br><a href="mailto:Charlene.sam@colvilletribes.com">Charlene.sam@colvilletribes.com</a>                     | <ul style="list-style-type: none"> <li>• Intensive Outpatient</li> <li>• Outpatient</li> <li>• DUI Assessment</li> <li>• Alcohol/Drug Information School</li> <li>• Prevention</li> </ul> |
| Healing Lodge of Seven Nations                                    | Louella Heavy Runner, Director<br><a href="mailto:louellah@healinglodge.org">louellah@healinglodge.org</a>   | <ul style="list-style-type: none"> <li>• Youth Intensive Outpatient</li> </ul>  |
| Kalispel Tribe of Indians   | Glen Nenema, Tribal Chair<br>Robert Russell, Director<br><a href="mailto:brussell@kalispeltribe.com">brussell@kalispeltribe.com</a><br>Karen Martin, Prevention<br><a href="mailto:kssd@kalispeltribe.com">kssd@kalispeltribe.com</a>  | <ul style="list-style-type: none"> <li>• Outpatient</li> <li>• Prevention</li> </ul>  |
| N.A.T.I.V.E Project   | Toni Lodge<br><a href="mailto:tlodge@nativeproject.org">tlodge@nativeproject.org</a>   | <ul style="list-style-type: none"> <li>• Youth Intensive Outpatient</li> <li>• Outpatient</li> </ul>  |
| Spokane Tribes of Indians Substance Abuse Program                 | Greg Abrahamson, Tribal Chair<br>Charlene Hayes, Tx. Director<br><a href="mailto:feather@spokanetribe.com">feather@spokanetribe.com</a><br>Ann Martin, Treatment<br>Jennifer Scott, Prevention<br><a href="mailto:jennifers@spokanetribe.com">jennifers@spokanetribe.com</a> | <ul style="list-style-type: none"> <li>• Outpatient</li> <li>• Prevention</li> </ul>  |
| <b>REGION 2</b>   |  |   |
| Confederated Tribe of Yakama Nation Comprehensive Alcohol Program | Louis Cloud, Tribal Chair<br>Oscar Olney, HHS Deputy<br><a href="mailto:oscar@yakama.com">oscar@yakama.com</a><br>Patricia Ike, Prevention<br><a href="mailto:patriciaike@hotmail.com">patriciaike@hotmail.com</a>   | <ul style="list-style-type: none"> <li>• Outpatient</li> <li>• Alcohol/Drug Information School</li> <li>• Prevention</li> </ul>   |
| <b>REGION 3</b>   |  |   |
| Lummi CARE Substance Program                                      | Evelyn Jefferson, Tribal Chair<br>Adrienne Hunter, Director<br><a href="mailto:adriannah@lummi-nsn.gov">adriannah@lummi-nsn.gov</a><br>Rosalie Scott, Coordinator<br><a href="mailto:rosalies@lummi-nsn.gov">rosalies@lummi-nsn.gov</a>                                      | <ul style="list-style-type: none"> <li>• ADATSA Assessment</li> <li>• Intensive Outpatient</li> <li>• Outpatient</li> <li>• Alcohol/Drug Information School</li> </ul>                    |

| Tribe/Urban Program  | Contacts   | Services  |
|--|--|---|
| Nooksack Tribe,<br>Genesis II Tribal Alcoholism Program                            | Narcisco Cunanan, Tribal Chair<br>Patrick Check, Tribal Admin<br><a href="mailto:pcheck@nooksack-Tribe.org">pcheck@nooksack-Tribe.org</a><br>Peter Joseph<br><a href="mailto:Gentwo2@aol.com">Gentwo2@aol.com</a>  | <ul style="list-style-type: none"> <li>• ADATSA Assessment</li> <li>• Alcohol/Drug Information School</li> <li>• Dui Assessment</li> <li>• Intensive Outpatient</li> <li>• Outpatient</li> </ul>  |
| Samish Indian Nation   | Thomas Wooten, Tribal Chair<br>Jennifer Paddock, Director<br><a href="mailto:Jpaddock@samishtribe.nsn.us">Jpaddock@samishtribe.nsn.us</a><br>Suzanna Dentel<br><a href="mailto:sdentel@samishtribe.nsn.us">sdentel@samishtribe.nsn.us</a>  | <ul style="list-style-type: none"> <li>• Prevention</li> </ul>  |
| Sauk-Suiattle Tribe  | Gloria Y. Green, Tribal Chair<br>Ronda Metcalf, Director<br><a href="mailto:rondametcalf@yahoo.com">rondametcalf@yahoo.com</a>   | <ul style="list-style-type: none"> <li>• Prevention</li> </ul>  |
| Island Crossing Counseling<br>Stillaguamish Tribe Alcohol & Drug Treatment Program | Shawn Yanity, Tribal Chair<br>Edward L. Goodridge, Jr, Social Services Director<br>Thomas Ashley, Director<br><a href="mailto:tashl@stillaguamish.com">tashl@stillaguamish.com</a><br>Melanie Hein<br><a href="mailto:mheiniccs@starband.net">mheiniccs@starband.net</a>   | <ul style="list-style-type: none"> <li>• ADATSA Assessment</li> <li>• Alcohol/Drug Information School</li> <li>• DUI Assessment</li> <li>• Opiate Substitution Treatment</li> <li>• Intensive Outpatient</li> <li>• Outpatient</li> <li>• Prevention</li> </ul> |
| Swinomish Tribe  | Brian Cladoosby, Tribal Chair<br><a href="mailto:bcladoosby@swinomish.nsn.us">bcladoosby@swinomish.nsn.us</a><br>Marlo Quintasket, Contract Manager<br><a href="mailto:mquintasket@swinomish.nsn.us">mquintasket@swinomish.nsn.us</a><br>John Stephens, Health Svc Manager<br><a href="mailto:jstephens@swinomish.nsn.us">jstephens@swinomish.nsn.us</a><br>Barbara James, Director<br><a href="mailto:bjames@swinomish.nsn.us">bjames@swinomish.nsn.us</a><br>Heather Bryson, Clinical Supervisor<br><a href="mailto:hbryson@swinomish.nsn.us">hbryson@swinomish.nsn.us</a> | <ul style="list-style-type: none"> <li>• ADATSA Assessment</li> <li>• Alcohol/Drug Information School</li> <li>• DUI Assessment</li> <li>• Intensive Outpatient</li> <li>• Outpatient</li> <li>• Prevention</li> </ul>  |
| Tulalip Tribal CD Services   | Stanley Jones, Sr., Tribal Chair<br>Sheryl Fryberg, Soc. Services Director<br><a href="mailto:sfryberg@tulaliptribes-nsn.gov">sfryberg@tulaliptribes-nsn.gov</a><br>Gayle Jones, Administrator<br><a href="mailto:gjones@tulaliptribes-nsn.gov">gjones@tulaliptribes-nsn.gov</a>   | <ul style="list-style-type: none"> <li>• ADATSA Assessment</li> <li>• Alcohol/Drug Information School</li> <li>• Intensive Outpatient</li> <li>• Outpatient</li> <li>• Prevention</li> <li>• Youth -Intensive Outpatient</li> <li>• Youth-Outpatient</li> </ul> |

| Tribe/Urban Program   | Contacts  | Services   |
|---|---|--|
| Upper Skagit Tribe  | Marilyn Scott, Tribal Chair<br><a href="mailto:mariescott@yahoo.com">mariescott@yahoo.com</a><br>Susan Dunthorne, Prevention<br><a href="mailto:sdunthorne@upperskagit.com">sdunthorne@upperskagit.com</a><br>Gayle Rose, Treatment<br><a href="mailto:gayler@upperskagit.com">gayler@upperskagit.com</a> | <ul style="list-style-type: none"> <li>• ADATSA Assessment</li> <li>• Alcohol/Drug Information School</li> <li>• DUI Assessment</li> <li>• Intensive Outpatient</li> <li>• Outpatient</li> <li>• Prevention</li> </ul> |
| <b>REGION 4</b>   |   |  |
| Duwamish Tribe  | Cecile Hansen<br><a href="mailto:dts@eskimo.com">dts@eskimo.com</a>   | Special Projects   |
| Muckleshoot Behavioral Health Program                                     | John Daniels, Jr. Tribal Chair<br>*Steve Maurer, Accounting<br>*Nancy Mellor, BH Manager<br><a href="mailto:Nancy.mellor@muckleshoot-health.com">Nancy.mellor@muckleshoot-health.com</a>  | <ul style="list-style-type: none"> <li>• ADATSA Assessment</li> <li>• DUI Assessment</li> <li>• Intensive Outpatient</li> <li>• Outpatient</li> <li>• Prevention</li> </ul>  |
| Seattle Indian Health Board   | Ralph Forquera, Executive Director<br>Rebecca Gonzales  | <ul style="list-style-type: none"> <li>• ADATSA Assessment</li> <li>• Outpatient</li> </ul>  |
| Thunderbird Treatment Center, Branch of Seattle Indian Health Board       | Ralph Forquera, Executive Director<br>Rebecca Gonzales<br>Al Sweeten, Treatment Director<br><a href="mailto:als@sihb.org">als@sihb.org</a>  | <ul style="list-style-type: none"> <li>• Intensive Outpatient</li> <li>• Long Term Residential</li> <li>• Recovery House</li> </ul>  |
| Snoqualmie Tribe<br>Raging River Recovery Center                          | Bill Sweet, Tribal Chair<br>Marie Ramirez, Social Services Director<br><a href="mailto:marie.ramirez@snoqualmienation.com">marie.ramirez@snoqualmienation.com</a><br>Karen Robertson<br><a href="mailto:Rkaren0929@msn.com">Rkaren0929@msn.com</a>  | <ul style="list-style-type: none"> <li>• DUI Assessment</li> <li>• Intensive Outpatient</li> <li>• Outpatient</li> <li>• Prevention</li> </ul>   |
| United Indians of All Tribes-Ina Maka Family Program                      | Katherine Heath   | <ul style="list-style-type: none"> <li>• Outpatient</li> <li>• Special Projects</li> </ul>   |
| United Indians of All Tribes-Adolescent Substance Abuse Treatment Program | Katherine Heath   | <ul style="list-style-type: none"> <li>• Youth Intensive Outpatient</li> <li>• Youth Outpatient</li> <li>• Special Projects</li> </ul>   |
| <b>REGION 5</b>   |   |  |
| Port Gamble S'Klallam Wellness Program                                    | Ronald Charles, Tribal Chair<br>Dan Brewer, Coordinator<br><a href="mailto:danb@pgst.nsn.us">danb@pgst.nsn.us</a><br>Lou Schmitz, Planner<br><a href="mailto:lrschmitz@pgst.nsn.us">lrschmitz@pgst.nsn.us</a>   | <ul style="list-style-type: none"> <li>• ADATSA Assessment</li> <li>• Intensive Outpatient</li> <li>• Outpatient</li> <li>• Prevention</li> </ul>  |



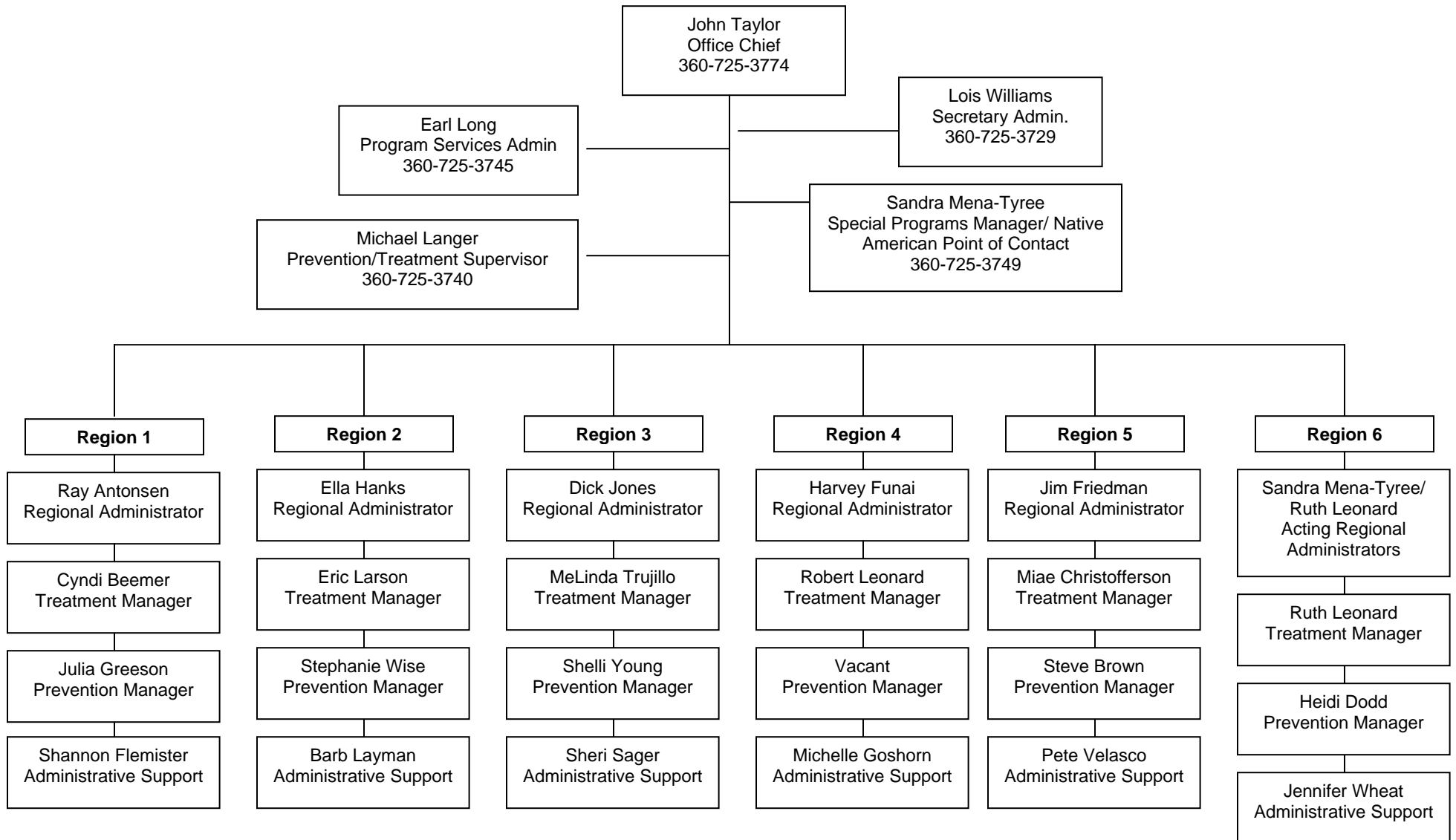
| <b>Tribe/Urban Program</b>                           | <b>Contacts</b>  | <b>Services</b>  |
|--|--|--|
| Puyallup Tribal Treatment Center                     | Herman Dillon, Tribal Chair<br>Connie McCloud<br><a href="mailto:connie@eptha.gov">connie@eptha.gov</a><br>Lois Jacobs, Acting Director<br><a href="mailto:lois@eptha.com">lois@eptha.com</a><br>Nancy Meyer<br><a href="mailto:NANCY@ptha.gov">NANCY@ptha.gov</a>           | <ul style="list-style-type: none"> <li>• ADATSA Assessment</li> <li>• DUI Assessment</li> <li>• Intensive Inpatient</li> <li>• Intensive Outpatient</li> <li>• Outpatient</li> <li>• Recovery House</li> <li>• Prevention</li> </ul> |
| Small Tribes of Western Washington                   | Don Milligan<br><a href="mailto:Donmilligan22@msn.com">Donmilligan22@msn.com</a>   | <ul style="list-style-type: none"> <li>• Special Projects</li> </ul>   |
| Steilacoom Tribe                                     | Danny Marshall, Tribal Chair<br><a href="mailto:steilacoomtribe@msn.com">steilacoomtribe@msn.com</a>   | <ul style="list-style-type: none"> <li>• Special Projects</li> </ul>   |
| Suquamish Tribe Wellness Program                     | Leonard Forsman, Tribal Chair<br>Linda Holt, Social Services Director<br>Chuck Wagner, Administrator<br><a href="mailto:cwagner@suquamish.nsn.us">cwagner@suquamish.nsn.us</a>   | <ul style="list-style-type: none"> <li>• ADATSA Assessment</li> <li>• DUI Assessment</li> <li>• Intensive Outpatient</li> <li>• Outpatient</li> <li>• Prevention</li> </ul>  |
| <b>REGION 6</b>                                      |  |  |
| Tsapowum<br>Chehalis Confederated Tribe              | David Burnett, Tribal Chair<br>Richard Bellon, Acting Health Clinic Director<br><a href="mailto:rbellon@chehalistribe.org">rbellon@chehalistribe.org</a>   | <ul style="list-style-type: none"> <li>• ADATSA Assessment</li> <li>• Alcohol/Drug Information School</li> <li>• DUI Assessment</li> <li>• Intensive Outpatient</li> <li>• Outpatient</li> <li>• Prevention</li> </ul>               |
| Cowlitz Tribe  | John Barnett, Tribal Chair<br>Carolee Morris, HHS Director<br>Jim Sherrill, Tribal Administrator<br><a href="mailto:jsherrill.health@tdn.com">jsherrill.health@tdn.com</a><br>Debbie Norberg<br><a href="mailto:Dnorberg.health@cowlitz.org">Dnorberg.health@cowlitz.org</a> | <ul style="list-style-type: none"> <li>• ADATSA Assessment</li> <li>• DUI Assessment Prevention</li> <li>• Intensive Outpatient</li> <li>• Outpatient</li> <li>• Prevention</li> </ul>   |
| Hoh Tribe  | Vivian Lee, Tribal Chair<br>Leila Gonzalez, HHS Director<br><a href="mailto:GonzalezLeila@yahoo.com">GonzalezLeila@yahoo.com</a><br>Alexis Barry, Executive Director<br><a href="mailto:Alexisch81@hotmail.com">Alexisch81@hotmail.com</a>                                   | <ul style="list-style-type: none"> <li>• Prevention</li> </ul>   |
| Jamestown S'Klallam Tribe<br>Family Support Services | W. Ron Allen, Tribal Chair<br>Liz Mueller, HHS Director<br><a href="mailto:lmuelier@jamestowntribe.org">lmuelier@jamestowntribe.org</a><br>Candy Burkhardt<br>Kim Kettel<br><a href="mailto:kkettel@jamestowntribe.org">kkettel@jamestowntribe.org</a>                       | <ul style="list-style-type: none"> <li>• ADATSA Assessment</li> <li>• Intensive Outpatient</li> <li>• Outpatient</li> <li>• Prevention</li> </ul>  |

| <b>Tribe/Urban Program</b>                               | <b>Contacts</b>  | <b>Services</b>  |
|--|--|--|
| Lower Elwha Klallam<br>Klallam Counseling Services       | Frances Charles, Tribal Chair<br>John Miller<br><a href="mailto:jmiller@elwha.nsn.us">jmiller@elwha.nsn.us</a><br>ADATSA contracts ONLY<br>Cecile Greenway, Social Services Director<br><a href="mailto:cgreenway@elwha.nsn.us">cgreenway@elwha.nsn.us</a><br>Dan Cable, Treatment Administrator<br><a href="mailto:dcable@elwha.nsn.us">dcable@elwha.nsn.us</a> | <ul style="list-style-type: none"> <li>• ADATSA Assessment</li> <li>• Alcohol/Drug Information School</li> <li>• DUI Assessment</li> <li>• Intensive Outpatient</li> <li>• Outpatient</li> <li>• Prevention</li> </ul> |
| Makah Tribe<br>Chemical Dependency Program               | Ben Johnson, Jr., Tribal Chair<br><a href="mailto:Benj@centurytel.net">Benj@centurytel.net</a><br>Marcy Parker, Health Manager<br>Larry King<br><a href="mailto:mfcc@centurytel.net">mfcc@centurytel.net</a>   | <ul style="list-style-type: none"> <li>• Alcohol/Drug Information School</li> <li>• Intensive Outpatient</li> <li>• Outpatient</li> <li>• Prevention</li> </ul>  |
| Nisqually Tribe<br>Substance Abuse & Prevention Program  | Dorian Sanchez, Tribal Chair<br>Richard Wells, Tribal Administrator<br>Rena Wells, Social Services Director<br>Kelly Moore, Treatment Director<br><a href="mailto:Moore.kelly@nisqually-nsn.gov">Moore.kelly@nisqually-nsn.gov</a><br>Roni Rave, Prevention Manager<br><a href="mailto:Rave.roni@nisqually-nsn.gov">Rave.roni@nisqually-nsn.gov</a>              | <ul style="list-style-type: none"> <li>• Alcohol/Drug Information School</li> <li>• DUI Assessment</li> <li>• Intensive Outpatient</li> <li>• Outpatient</li> <li>• Prevention</li> </ul>                              |
| Northwest Indian Treatment Center                        | June O'Brien, Director<br><a href="mailto:bluesky@olynet.com">bluesky@olynet.com</a>   | <ul style="list-style-type: none"> <li>• ADATSA Assessment</li> <li>• DUI Assessment</li> <li>• Intensive Inpatient</li> <li>• Intensive Outpatient</li> <li>• Outpatient</li> <li>• Recovery House</li> </ul>         |
| Quileute Indian Tribal Reservation<br>Addictions Program | Russell Woodruff, Sr., Tribal Chair<br>Shirley Anderson<br><a href="mailto:sanderson@olypen.com">sanderson@olypen.com</a>  | <ul style="list-style-type: none"> <li>• Outpatient</li> <li>• Prevention</li> </ul>   |
| Quinalt Nation<br>Chemical Dependency                    | Pearl Capoeman-Baller, Tribal Chair<br>Guy McMinds, Council<br><a href="mailto:gmcmins@quinault.org">gmcmins@quinault.org</a><br>David Hagen, Director<br><a href="mailto:dhagen@quinault.org">dhagen@quinault.org</a>   | <ul style="list-style-type: none"> <li>• ADATSA Assessment</li> <li>• Alcohol/Drug Information School</li> <li>• DUI Assessment</li> <li>• Outpatient</li> <li>• Prevention</li> </ul>                                 |

| Tribe/Urban Program                                       | Contacts   | Services  |
|---|--|---|
| Shoalwater Bay Tribe                                      | Charlene Nelson, Tribal Chair<br>Marsha Crane, Health Director<br><a href="mailto:mcrane@shoalwaterbay-nsn.gov">mcrane@shoalwaterbay-nsn.gov</a><br>Carol Johnson, Tribal Administrator<br><a href="mailto:cjohnson@shoalwaterbay-nsn.gov">cjohnson@shoalwaterbay-nsn.gov</a><br>Gary Hill, Treatment<br><a href="mailto:garyhill@techline.com">garyhill@techline.com</a><br>Holly Blake, Prevention<br><a href="mailto:hblake@shoalwater-nsn.gov">hblake@shoalwater-nsn.gov</a> | <ul style="list-style-type: none"> <li>• ADATSA Assessment</li> <li>• Intensive Outpatient</li> <li>• Outpatient</li> <li>• Prevention</li> </ul> |
| Skokomish Tribe<br>H.O.P.E. Family Program                | Gordon James, Tribal Chair<br>Pam James, HHS Dir<br>Carlos Arroyo, Treatment. Administrator<br><a href="mailto:carroyo@skokomish.org">carroyo@skokomish.org</a><br>Julie Powers<br><a href="mailto:juliep@skokomish.org">juliep@skokomish.org</a>  | <ul style="list-style-type: none"> <li>• ADATSA Assessment</li> <li>• Outpatient</li> <li>• Prevention</li> </ul>                                 |
| South Puget Intertribal Planning Agency (SPIPA)           | Amadeo Tiam, Executive Director<br><a href="mailto:amadeo@spipa.org">amadeo@spipa.org</a><br>Ruth Garrett, Social Services Manager<br><a href="mailto:garrett@spipa.org">garrett@spipa.org</a>   | <ul style="list-style-type: none"> <li>• Special Projects</li> </ul>  |
| Squaxin Island Tribe<br>Northwest Indian Treatment Center | Jim Peters, Tribal Chair<br>Whitney Jones, Social Services<br><a href="mailto:wjones@squaxin.nsn.us">wjones@squaxin.nsn.us</a>   | <ul style="list-style-type: none"> <li>• Prevention</li> </ul>  |

**Appendix J:**  
DASA Regional Organizational Chart

# DASA Regional Organizational Chart - March 2006



**Appendix K:**  
Agreement of Communication

[TRIBE] – DIVISION OF ALCOHOL & SUBSTANCE ABUSE

## Agreement of Communication

2005 - 2007

This Agreement of Communication (AC) is made between the State of Washington, Department of Social and Health Services, Division of Alcohol and Substance Abuse (DASA), and the [Tribe]. This AC seeks to implement the positive, meaningful government-to-government relationship previously established between the federally recognized Tribes of Washington and the State of Washington, as prescribed in the Centennial Accord.

The goal of this AC is to identify the appropriate DASA and Tribal representative(s) to address tribal alcohol and substance abuse prevention and treatment services, billing, and contracting issues.

It is the purpose and understanding of the parties of this AC that state and tribal representatives, representing their respective governments, shall conduct their affairs on a Government-to-Government basis.

The Tribal Council shall appoint a representative (and alternate) with the requisite knowledge and authority to speak and make appropriate decisions on behalf of its Tribe.

Each DASA Regional Administrator (or his/her designate) shall represent DASA and shall have the requisite knowledge and authority to speak and make appropriate decisions on behalf of his/her division.

In executing this document, no party waives any rights, including treaty rights, immunities, including sovereign immunities or jurisdiction. Neither does this AC diminish any rights of protections afforded other Indian persons or entities under state or federal law.

Each of the parties to this AC respects the rights, rules, regulations, and laws by which the state of Washington and each participating Tribe are governed.

While the relationship described in this AC provides increased ability to communicate, it likely will not result in a resolution of all issues. Therefore, inherent in this AC is the right of each of the parties to elevate an issue of importance to any decision-making authority of another party.

Dated this \_\_\_\_\_ of \_\_\_\_\_, 2005, and as signed and appointed by:

| Tribal Chair,                        | Email   | Phone Number                   |
|--------------------------------------|---|--------------------------------|
| Douglas Allen, Acting Director, DASA | Email<br><a href="mailto:Allende@dshs.wa.gov">Allende@dshs.wa.gov</a> | Phone Number<br>(360) 725-3700 |

| Tribal Appointments                                      |   |                                |
|--|---|--------------------------------|
| Tribal Health Services Manager                           | Email   | Phone Number                   |
| Alternate Contact  | Email   | Phone Number                   |
| Tribal Contract Manager                                  | Email   | Phone Number                   |
| Alternate Contact  | Email   | Phone Number                   |
| Tribal Prevention Representative                         | Email   | Phone Number                   |
| Alternate Contact  | Email   | Phone Number                   |
| Tribal Treatment Representative                          | Email   | Phone Number                   |
| Alternate Contact  | Email   | Phone Number                   |
| Tribal Policy Representative                             | Email   | Phone Number                   |
| Alternate Contact  | Email   | Phone Number                   |
| Tribal Billing Representative                            | Email   | Phone Number                   |
| Alternate Contact  | Email   | Phone Number                   |
| DASA Appointments  |   |                                |
| DASA Regional Administrator                              | Email   | Phone Number                   |
| DASA Prevention Manager                                  | Email   | Phone Number                   |
| DASA Treatment Manager                                   | Email   | Phone Number                   |
| DASA Native American Policy Manager<br>Sandra Mena-Tyree | Email<br><a href="mailto:menasa@dshs.wa.gov">menasa@dshs.wa.gov</a>   | Phone Number<br>(360) 725-3749 |
| DASA Billing Representative<br>Jay Green                 | Email<br><a href="mailto:greenjl@dshs.wa.gov">greenjl@dshs.wa.gov</a> | Phone Number<br>(360) 725-3731 |